

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Sub-Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.1**  
**DATE: September 14, 2011**

**ACTION REQUESTED:** Ratify Minor Curriculum Revisions

**REQUESTED BY:** Catherine Todero, PhD, RN, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- 9.1.1 California State University, Channel Islands, Baccalaureate Degree Nursing Program, Santa Barbara Extended Campus
- 9.1.2 California State University, Fresno, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- 9.1.3 Mount St. Mary's College Baccalaureate Degree Nursing Program
- 9.1.4 Simpson University Baccalaureate Degree Nursing Program
- 9.1.5 Western Governors University Baccalaureate Degree Nursing Program
- 9.1.6 American River College Associate Degree Nursing Program
- 9.1.7 Butte College Associate Degree Nursing Program
- 9.1.8 Carrington College California LVN-RN Associate Degree Nursing Program
- 9.1.9 Grossmont College Associate Degree Nursing Program
- 9.1.10 ITT Technical Institute, Rancho Cordova Campus, Associate Degree Nursing Program
- 9.1.11 Los Medanos College Associate Degree Nursing Program
- 9.1.12 Monterey Peninsula College Associate Degree Nursing Program
- 9.1.13 Napa Valley College Associate Degree Nursing Program
- 9.1.14 Saddleback College Associate Degree Nursing Program
- 9.1.15 Santa Ana College Associate Degree Nursing Program
- 9.1.16 Santa Barbara City College Associate Degree Nursing Program
- 9.1.17 Sierra College Associate Degree Nursing Program

**Progress Report:**

- 9.1.18 National University Baccalaureate Degree Nursing Program
- 9.1.19 Western Governors University Baccalaureate Degree Nursing Program
- 9.1.20 United States University Entry Level Master's Degree Program

**NEXT STEP:** Notify the programs of Board action.  
**FISCAL IMPLICATION, IF ANY:** None  
**PERSON TO CONTACT:** Leslie A. Moody, NEC  
(760) 369-3170

**MINOR CURRICULUM REVISIONS**  
**Education/Licensing Committee**  
**DATE: August 10, 2011**

<b>SCHOOL NAME</b>	<b>APPROVED BY NEC</b>	<b>DATE APPROVED</b>	<b>SUMMARY OF CHANGES</b>
California State University, Channel Islands Baccalaureate Degree Nursing Program	M. Minato	07/13/11	Extended campus site in partnership with the Cottage Healthcare System in Santa Barbara was approved August 19, 2010. A site visit was conducted at 5383 Hollister Avenue, Suite 200, Goleta, CA to verify completion of renovations and readiness of the program to start the program as planned in Spring 2012 with cohort of 22 students. The information sessions are now being held at the extended campus with excellent responses. The program will give priority to students from the immediate communities. Physical spaces include faculty offices for five faculty, three classrooms (33 seats per room) fully furnished with hi-tech AV equipment, simulation lab that has six beds and a separate simulation room with video capability. Manikins and other supplies for the lab are on order. Library resources would be provided via online through the main campus. The Program Director will initially be at the extended campus 2 days/week when students are on campus while the program completes the recruitment for assistant director/coordinator.
California State University, Fresno, Baccalaureate Degree and Entry Level Master's Degree Programs	K. Weinkam	05/17/11	The course numbers for anatomy, physiology, and microbiology have been changed. ENGL 5B/10 replaces ENGL 10. The psychology course, PSYCH 10, has been reduced one unit from 4 units to 3 units. The units for NURS 10A and NURS 110A are now correctly allocated to clinical. With these changes, the content required for licensure units are 82 semester units for both the baccalaureate degree and master's level entry program. The baccalaureate degree program units are 127-131, and the master's level degree, 144.
Mount St. Mary's College Baccalaureate Degree Nursing Program	S. Ward	05/20/11	Three science courses with combined theory and lab components have been changed into separate theory and lab courses. Bio 50A- Human Anatomy (4 units) changed to Bio 50A- Human Anatomy (3 units) and Bio 50AL-Human Anatomy Laboratory (1unit); Bio 50B- Human Physiology (4 units) changed to Bio 50B- Human Physiology (3units) and Bio 50BL- Human Physiology Laboratory (1 unit); Bio 3- General Microbiology (4 units) changed to Bio 3- General Microbiology (3 units) and Bio 3L-General Microbiology Laboratory (1 unit). Sociology 5- Sociological Perspectives (3 units) changed to Sociology 1- Introduction to Sociology (3 units).

**MINOR CURRICULUM REVISIONS**  
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<b>SCHOOL NAME</b>	<b>APPROVED BY NEC</b>	<b>DATE APPROVED</b>	<b>SUMMARY OF CHANGES</b>
Simpson University Baccalaureate Degree Nursing Program	K. Daugherty	05/12/11	Decrease the required number of GE degree units from 44 to 35 units as recommended during the initial program approval visit. This change results in the total units for graduation decreasing from 135 units to 126 units. For the next admission cycle, N2250 Health Promotion will be taken in the fourth nursing term instead of the first nursing term. The total nursing theory, nursing clinical units and the total CRL units remain unchanged.
Western Governors University Baccalaureate Degree Nursing Program	C. Mackay	7/21/2011	Realigned the sequence of the Critical Care, OB and Pediatric nursing courses in the third and fourth years of the program. The purpose of the realignment was to decrease the length of time between the Critical Care course and the final Transition/ Practicum course. The course numbers, names and units remained the same.
American River College Associate Degree Nursing Program	K. McHan	07/18/11	Separate CRL/TCP forms for Generic A.S. degree track and LVN to RN Career Mobility track. Units in the generic track remain unchanged. In the Career Mobility track, the LVN to RN Transition course N300 was renumbered to N305 and the course units were increased from 4 units to 5 units. N305 now provides 2 units (108 hrs.) instead of 1 unit (54 hrs.) of clinical lab experience. Minor calculation errors were corrected on CRL/TCP forms. TCP forms also reflect the college's course name change from Speech Composition to Public Speaking.
Butte College Associate Degree Nursing Program	K. Daugherty	07/07/11	Update CRL/TCP forms to reflect the addition of Psych 1 to the list of acceptable courses and the amount of credit granted for the LVN entering the program at the third semester level. Minor calculation errors also corrected on CRL/TCP forms.
Carrington College California LVN to RN Associate Degree Nursing Program	K. Daugherty	06/17/11	Update required science and GE course numbers and titles. Change the number of weeks each of these courses (RN 150, 155, 202, 221 and 225) is offered without any changes in course content or course units. Move high risk OB and PEDS content from RN305 to RN231. Update CRL/TCP forms to reflect these changes and to be congruent with the college catalog and college unit/credit hour formula. Total CRL and degree units remain unchanged.

**MINOR CURRICULUM REVISIONS**  
**Education/Licensing Committee**  
**DATE: August 10, 2011**

<b>SCHOOL NAME</b>	<b>APPROVED BY NEC</b>	<b>DATE APPROVED</b>	<b>SUMMARY OF CHANGES</b>
Grossmont College Associate Degree Nursing Program	L. Moody	06/22/11	The VN-RN track was previously maintained as a separate cohort. These students who enter in the second semester of the program will now be fully integrated into the generic cohort and attend the same program courses. Instead of attending NU110 (4u), VN-RN transition and perioperative nursing course, they will mainstream into the generic track NU130 Perioperative Nursing (5u) for a net increase of 1 semester unit which now entirely aligns their curriculum with the 2 <sup>nd</sup> -4 <sup>th</sup> semesters of the generic program track. The revision will be implemented in Spring 2012.
ITT Technical Institute, Rancho Cordova Campus, Associate Degree Nursing Program	K. Daugherty	06/24/11	Across the U.S., ITT Educational Services Inc. has moved all of the Associate Degree nursing programs from the corporate division within the School of Health Sciences to the division called the Breckinridge School of Nursing. All other aspects of the AD program in California remain unchanged as initially approved.
Los Medanos College Associate Degree Nursing Program	K. McHan	05/05/11	Effective fall 2012, the college has changed the Math 30 course required for graduation from 3 units to 4 units and the Anatomy course required for licensure from 4 units to 5 units, increasing the total units for licensure from 69 units to 70 units and the total units for graduation from 87.5 units to 89.5 units. In response to a college-required decrease in student contact hours the LVN-RN Transition course has been decreased from 1 unit to 0.3 units.
Monterey Peninsula College Associate Degree Nursing Program	J. Wackerly	07/08/11	Nursing program organizes and aligns existing course objectives under their associated modified, measureable student learning objectives (SLOs) at the course level. The course level SLOs are organized under a "Nursing Education Unit" outcome, which is a broad statement reflective of the core concepts of the existing program philosophy and used to guide the Total Program Review for assessment of program effectiveness in student learning.
Napa Valley College Associate Degree Nursing Program	J. Wackerly	06/07/11	The LVN/Paramedic advanced placement option will be suspended fall 2011. The paramedic advanced placement option will be discontinued due to lack monies to support this option. The LVN advanced placement option for now is suspended until funds become available to produce the LVN-RN educational program.

**MINOR CURRICULUM REVISIONS**  
**Education/Licensing Committee**  
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<b>SCHOOL NAME</b>	<b>APPROVED BY NEC</b>	<b>DATE APPROVED</b>	<b>SUMMARY OF CHANGES</b>
Saddleback College Associate Degree Nursing Program	B. Caraway	07/19/2011	Effective fall 2011, the college will be increasing the number of the English 1A from 3 units to 4 units. The College will be changing the course ID number for Gerontology 101 to N 165 Lifecycle 1 Fundamentals of Aging. Update CRL/TCP forms to reflect these changes and to be congruent with the College catalog and College unit/ credit hour formula. The total number of units in the Nursing Program will be 73 instead of 72 units.
Santa Ana College Associate Degree Nursing Program	B. Caraway	05/17/2011	Effective fall 2011, the college will be increasing the number of the N-RN 103, Pharmacological Concept for Nursing units from two semester units to three semester units. The total number of units in the Nursing Program will be 72 instead of a range of 71-72 units. This proposed curriculum revision is in response to the inclusion of alternative methods and advances in pharmacology based on NCLEX test plan changes.
Santa Barbara City College Associate Degree Nursing Program	S. Ward	06/09/11	Discontinue Nurs 183- Student Success Strategies which is a (0.2 unit) theory course given in each of the four semesters (0.8 units total). The course was designed to support the prior self-paced curriculum model that was revised in 2009. Course information is now included in the current semester long course structure.
Sierra College Associate Degree Nursing Program	K. Daugherty	07/07/11	Update CRL/TCP forms to be congruent with the college catalog, recent course number changes (Psych 100& NR 17), and to correct course hours calculations on TCP forms. No changes in course content, units etc. Total CRL, other degree and graduation requirements remain unchanged.

**MINOR CURRICULUM REVISIONS**  
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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
National University Baccalaureate Degree Nursing Program	L. Moody	07/20/11	The program director continues to make substantive progress in strengthening the quality and delivery of the program and is maintaining compliance with all BRN requirements. The use of Adobe Connect has been implemented to provide a means of faculty and students from all campuses (San Diego, Los Angeles, Fresno) to participate in monthly faculty and curriculum review meetings. Student and faculty participation in curriculum review is occurring regularly. Full-time faculty positions across the three campuses have been expanded to 32 and all faculty are BRN approved for assigned content area. Approved assistant directors are in place at all three campuses and content experts are designated and active in review of the curriculum.
Western Governors University Baccalaureate Degree Nursing Program	C. Mackay	7/21/2011	On June 13, 2011 a site visit was conducted to meet with the first cohort of students graduating from the program. <b><u>Retention:</u></b> Ten of the original 29 students are graduating July 23, 2011 (34.5%). An additional seven of the original 29 students have an expected completion date of December 2011, so the retention rate for the entire first cohort is 58%. Multiple program improvements have been implemented since the first student cohort. As of 6/30/2011 the overall retention rate for the remaining 70 students enrolled in the program is 87%. <b><u>Loss of Partner Hospital:</u></b> Riverside Community Hospital (RCH) officially withdrew from the partnership with WGU effective May 2011. Huntington Memorial Hospital in Pasadena has contracted with WGU to replace RCH. Orientation of the clinical coaches to the WGU clinical instructional model will occur Fall 2011. The first clinical rotation is scheduled for January 2012.
United States University Entry Level Master Degree Program	L. Moody	05/09/11	USU ELM program was moved to a new location at 830 Bay Street, Chula Vista, CA 91911. Visits were conducted to the new campus on May 9 and June 8-9, 2011.

**BOARD OF REGISTERED NURSING**  
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**AGENDA ITEM:** 9.2  
**DATE:** September 14, 2011

**ACTION REQUESTED:** Education/Licensing Sub-Committee Recommendations

**REQUESTED BY:** Catherine Todero, PhD, RN, Chairperson  
Education/Licensing Committee

**BACKGROUND:** The Education/Licensing Sub-Committee met on August 10, 2011 and makes the following recommendations:

- A. Continue Approval of Prelicensure Nursing Program:
  - California State University, Fresno, Baccalaureate and Entry Level Master's Degree Programs
  - Butte College Associate Degree Nursing Program
  - Carrington College LVN to RN Associate Degree Nursing Program
  - Los Angeles Trade Technical College Associate Degree Nursing Program
  - Los Medanos College Associate Degree Nursing Program
  - Mount St. Mary's College Associate Degree Nursing Program
  - Sierra College Associate Degree Nursing Program
  - Victor Valley College Associate Degree Nursing Program
- B. Continue Approval of Advanced Practice Nursing Program:
  - California State University, Fresno, Nurse Practitioner Programs
  - San Francisco State University Family Nurse Practitioner Program
- C. Defer Action to Continue Approval of Prelicensure Nursing Program
  - California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program
- D. Approve Major Curriculum Revision:
  - Dominican University of California Baccalaureate Degree Nursing Program
  - Hartnell College Associate Degree Nursing Program
  - Long Beach City College Associate Degree Nursing Program
  - Mount St. Mary's College Associate Degree Nursing Program

A summary of the above requests and actions is attached.

<b>NEXT STEP:</b>	Notify programs of Board Action
<b>FISCAL IMPLICATION, IF ANY:</b>	None
<b>PERSON TO CONTACT:</b>	Leslie A. Moody, NEC (760) 369-3170

**Education/Licensing Sub-Committee Recommendations  
From meeting of August 10, 2011**

**Education/Licensing Sub-Committee Recommendations:**

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**A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM**

- **California State University, Fresno, Baccalaureate and Entry Level Master's Degree Programs**

**Michael F. Russler, Ed.D., RN, FNP, Chair, Department of Nursing/Program Director**

Nursing Education Consultants Carol Mackay and Kay Weinkam conducted a regularly scheduled continuing approval visit to the California State University, Fresno Baccalaureate Degree and Entry Level Master's Program from March 14<sup>th</sup> through the 16<sup>th</sup>, 2011. The program was found to be in non-compliance with Regulations 1424(h) and (j), and 1425 and 1425(f) related to administration and organization of the nursing program and faculty. Another area of non-compliance is related to clinical facilities, 1427(a). Five recommendations were made related to the evaluation plan, 1424(b)(1); resources 1424(d) and (f); 1427(c) Clinical Facilities; and 1429(b) Licensed Vocational Nurses. Dr. Russler and faculty have been addressing these issues and have been providing additional information to the consultant on a regular basis since the conclusion of the visit. The program provided a formal response on June 6, 2011 with supporting materials that reflect progress toward addressing the areas of non-compliance. A progress report is requested for receipt by December 16, 2011.

Funding had originally been provided only for one cohort of entry level master's students which graduated in May 2009. However, there has been additional demand for and support of the program, so that forty-four students in the second cohort were admitted and completed the prelicensure program in December 2010, and a third cohort admitted spring 2011. The licensing exam pass rate for the first cohort is 83%. The program's NCLEX pass rate for the five academic years previous to the approval visit for first-time test takers of the baccalaureate program ranges from 75% (2005-2006) to 91% (2009-2010) for an average of 85%.

**RECOMMENDATION: Continue Approval of California State University, Fresno, Baccalaureate and Entry Level Master's Degree Programs with progress report due December 16, 2011.**

- **Butte College Associate Degree Nursing Program**

**Susan Craig, MSN, RN, Program Director**

A continuing approval visit was conducted from May 10-12, 2011 by K. Daugherty. One area of non-compliance--CCR 1424 Program Administration was identified and three recommendations were made in the areas of CCR 1420/1424 Program Administration, CCR 1420/1425 Faculty and CCR 1426 Curriculum. The program has taken immediate action to correct the area of non-compliance and address recommendations. Sufficient action and evidence of correction for the area of non-compliance and address to the recommendations.

Typical nursing program enrollment is 210-240 students. Attrition rates have typically been below 20% and over the past three or four years ranged from 7-12%. The program's five year cumulative averaged NCLEX pass rate is 77.6 %. The annual pass rate for the most recent academic year, July 1, 2010-June 30, 2011 is 82.88 %. The program and graduates enjoy an excellent reputation in the community and among local employers.

**RECOMMENDATION: Continue approval of Butte College Associate Degree Nursing Program**



- **Carrington College LVN to RN Associate Degree Nursing Program**

**Sue Starck, MSN, MBA, RN, Program Director thru August 31, 2011 when Dr. Louise Timmer, EdD, RN will assume the role of program director.**

The program was initially approved as Western Career College (WCC), a subsidiary of U.S. Education Corporation, in 2005. In September 2008, De Vry, Inc. became the owner of Western Career College and in July 2010 changed WCC's name to Carrington College California. CCC is WASC accredited through 2013. The year round program admits up to 20 LVN to RN students three times a year (February/June/October). Two sixteen week terms are required for program completion over an eighth month period of time. Since program inception through December 2010, 222 students were admitted and a total of 178 (80%) completed the program. Annual NCLEX pass rates have ranged from 76.19% to 85.71% since the inception of the program. The annual pass rate for this academic year, July 1, 2010-June 30, 2011 is 81.97%.

A continuing approval visit was conducted by K. Daugherty from April 18-20, 2011. One major area of non-compliance, CCR 1424 Program Administration, was identified, and recommendations were made in the four areas of CCR 1424 Program Administration/Resources, CCR 1420/1425 Faculty/Content Experts, CCR 1426 Curriculum, and CCR 1427 Clinical Facilities. The program leadership, faculty and college administration have taken the area of non-compliance and recommendations seriously and the program has submitted sufficient evidence of correction to the area of non-compliance and has described appropriate actions/action plans to address the visit recommendations.

**RECOMMENDATION: Continue approval of Carrington College LVN to RN Associate Degree Nursing Program**

- **Los Angeles Trade Technical College Associate Degree Nursing Program**

**Dr. Rita Weingourt, Chair-Allied Health Department/ADN Program Director**

On May 25 – 26, 2011, Leslie Moody and Miyo Minato, NECs, made a regularly scheduled continuing approval visit to LA Trade Tech College. The program was found in non-compliance with faculty qualification and responsibilities, involving two related sections, 1424(h) and 1425.1(d). One recommendation was made for Section 1425.1(b) Faculty orientation. The program submitted a progress report that addressed the noncompliance, and the program is now in compliance with Board rules and regulations.

The program's self study described in detail the changes the faculty worked to improve the program during the previous four years. Since the last visit, there is a new Dean of Academic Affairs, a new Assistant Director, six new full-time faculty completing their four-year tenure review and two new faculty were hired. There was eight new faculty that joined the program, making the total faculty number to 13 full-time members. The faculty submitted a major curriculum revision for Board approval and implemented the new curriculum in fall 2008.

The 13 full-time faculty are all Instructors, and no PT faculty are used at this time. The program made policy changes to improve the NCLEX pass rate, including the increase in the admission GPA of 2.5, the use of admission screening TEAS test, and the requirement of specific ATI scores for progression within the program. Additionally, the program piloted a short course that covered nursing concepts and provided early interventions for students who showed difficulties with these concepts and provided "Student Retention Specialist" 12 hours per week supported by grant funds. These interventions helped to reduce attrition from 25% to 10% during the past year. Improvement of NCLEX scores has been gradual. The NCLEX scores in 2007-2008 and 2008-2009 were 61.2% and 62.5%, respectively. The pass rate in 2009-2010 was 75.38%, and for this current year, the rate is 92%.

It was evident the program has emphasized program evaluation, i.e., data collection and analysis. The Assistant Director is the chair of the Evaluation Committee, and coordinates the activities and reports to the faculty. The changes implemented for the program were based on discussions by faculty group and surveys conducted. Students reported that they attended the faculty meetings, Dr. Weingourt was always available, and that faculty was available to support the students.

The program resources have improved greatly since the Interim Visit. The Program moved into a newly renovated two-story Magnolia Hall, occupying two floors. All classrooms are equipped with state of the art IT technology and a large computer lab room with 40 new computers. The new nursing building includes two simulation rooms with hi-fidelity simulators and other simulation equipment, and faculty and students have begun the integration of simulation into the curriculum. Although there was a clinical coordinator at the time of the visit along with a lab technician, when the grant fund ends, the lab coordinator position will be lost. The program will go back to having the lab staffed by the technician. The NECs discussed with Dean Jackson about the concerns for loss of these student support services that have helped to improve retention and the NCLEX pass rates.

During the faculty meeting, a faculty member stated that she did not learn how to use the medication dispensing equipment used on the nursing area even after the two-day orientation and answered that she had her students practice medication administration in the skills lab when the NEC asked how the students were getting medication experience. This faculty was assigned to the second semester students on a geriatric/med-surg unit. All other faculty members assigned to the same hospital were able to provide students with the medication experience, including the first semester group. The NEC discussed with the Director and the Dean regarding the serious nature of this finding and that a faculty member who is supervising students must demonstrate competency and need to possess and exercise skills at a level of a staff RN working on the nursing unit. At the time of the visit, the students had just completed the 8<sup>th</sup> week of the rotation and would not have been returning to the nursing area.

The Program submitted a progress report on June 24, 2011 that addressed the non-compliance and recommendation. The program has reassigned the faculty member responsibilities, and the faculty must demonstrate expected competency as described in CCR 1420(d) prior to returning to supervising students in the clinical area or teaching theory in nursing courses.

**RECOMMENDATION: Continue approval of Los Angeles Trade Technical College Associate Degree Nursing Program**

- **Los Medanos College Associate Degree Nursing Program**

**Kirsten Martin, MSN, RN, Assistant Director will serve as program director until the search is completed for a new director to replace Sandra Castillo Alward who left the program in May.**

The faculty submitted an exemplary self-study in preparation for the continuing approval visit which was conducted on April 6-8, 2011. A cogent eclectic philosophy based on beliefs about health, person, nursing and professional nursing education along with Student Learning Outcomes and Core Competencies provides a clear framework for curriculum design, instruction and evaluation. The program was found to be in compliance with BRN regulations and policies. Three recommendations were made. The four semester program has admitted a cohort of forty-four students each fall which is joined by eleven LVN to RN students in the third semester. Approximately 50 students take the NCLEX-RN each year. Program attrition rates ranged from 9.1% to 25% over the last 5 years with a 5-year average of 22.55%. NCLEX pass rates are consistently strong with a five year average of 89%. The 2010 annual pass rate was 91.5%.

Like many programs, Los Medanos College ADN program faces significant challenges related to budget cuts, filling open faculty positions and maintaining clinical affiliations for clinical rotations. Due to an 8% budget cut and decreased student contact hours required by the college, starting fall 2011

the program will admit 44 students but will not add LVN to RN students in the third semester other than to fill cohort vacancies. The program currently has two open faculty positions, including program director. The grant-funded Instructional Assistant and Student Mentor positions will end next spring. In a move to reduce student impact, one major local hospital has discontinued its long-standing affiliation, leaving the program to seek other clinical sites for specialty areas such as obstetrics and pediatrics. Despite these challenges, the program continues to enjoy an excellent reputation in the community and among employers in the region.

**RECOMMENDATION: Continue approval of Los Medanos College Associate Degree Nursing Program**

- **Mount St. Mary's College Associate Degree Nursing Program**

**Dr. Gloria Blatti, Program Director**

Mount St. Mary's College offers two BRN approved R.N. education programs at two different campus locations. The A.D.N program is housed on the Doheny campus located in central downtown Los Angeles and serves adult learners from diverse backgrounds. The Associate Degree in Nursing program was established in 1992 and offers non-traditional program scheduling. Theory courses are taught in the afternoon/ evenings and clinical is scheduled on the weekends. College administration supports the nursing program by offering a lower cost of tuition and provides resources to assist nursing students to obtain financial aid. The annual NCLEX pass rate in 2009-2010 was 89.36%. The program recently replaced ATI with the Kaplan integrated testing program to enhance student success, and reported plans to revise the curriculum to incorporate IOM and QSEN competencies.

A continuing approval visit was conducted at the Mt. Saint Mary's College Associate Degree Nursing Program by Shelley Ward and Carol Mackay NEC's, March 26-28, 2011. The program was found to be in non-compliance with CCR Section 1426(a) - Required Curriculum. Curriculum changes were implemented over the past eight years in nursing, science, communication, and in other courses prior to Board approval. Eight recommendations were made. The program provided a progress report addressing the area of non-compliance and each of the recommendations, which includes the submission of a major curriculum revision to address the area of non-compliance.

**RECOMMENDATION: Continue approval of Mount St. Mary's College Associate Degree Nursing Program**

- **Sierra College Associate Degree Nursing Program**

**Cheryl Kenner, MSN, Associate Dean/Program Director**

Sierra College is WASC accredited and has a total institutional enrollment of approximately 28,000 students. Total enrollment in the nursing program each term is typically 80 students. Forty generic students are admitted to the program each Fall term and advanced placement LVN to RN students are admitted on a space available basis. The program's averaged attrition rate is 12 % for the period of 2002-2010. Program NCLEX-RN pass rates have consistently been above 90% the last ten years. For this academic year, July 1, 2010-June 30, 2011, the annual pass rate is 95.92%. The program enjoys an excellent reputation in the communities it serves and among local employers.

Currently only the full time program option is offered with two levels of nursing instruction occurring each term. Previously, the program had offered a part time option and an online nursing theory option but these options were suspended due to budget and faculty resource limitations approximately two years ago.

A continuing approval visit was conducted by Katie Daugherty from April 27-29, 2011. The program was found to be in compliance with the regulations. Four recommendations were made in the areas of CCR 1424 Program Administration/Resources, CCR 1420/1425 Faculty, CCR 1426

Curriculum, and CCR 1427 Clinical Facilities. The program has submitted a written response outlining actions taken and planned to address the recommendations.

**RECOMMENDATION: Continue approval of Sierra College Associate Degree Nursing Program**

- **Victor Valley College Associate Degree Nursing Program**

**Dr. Joseph Morris CNS, GNP, PhD, Director of Nursing Program /Allied Health**

A regularly scheduled continuing approval visit was conducted by this NEC accompanied by Leslie Moody, NEC, from May 4 –5, 2011. No areas of Noncompliance were identified. Three recommendations were given related to CCR Sections 1424(b) Total Program Evaluation, 1424(d) Sufficiency of Resources, and 1425.1(a) Curriculum.

During the last eight years the program has experienced a number of positive changes in several areas such as leadership, curriculum revision, hiring full time skills lab coordinator (2006) and part time simulation lab coordinator (2010), implementation of Test for Essential Academic Skills (TEAS) in fall 2008, and the Assessment Technologies Institute (ATI) learning materials, practice, and proctored examination for each course. These changes have contributed to the improvement in the NCLEX pass rate and students success. The NCLEX pass rate has improved ranging from 86.8% in 2005 to 95.7% in 2008, and to 91.2% in 2010-2011. The Allied Health building which houses the nursing program on main campus was constructed in 1980s. Voters approved an educational facilities improvement measure in 2008 that resulted in the 2009 renovation of four classrooms equipped with Smart classroom technology. In 2010, the DON and supporting staff were relocated into large office spaces and the plan is in progress for the new nursing/ allied health professional building to house future additional faculty offices.

**RECOMMENDATION: Continue approval of Victor Valley College Associate Degree Nursing Program**

**B. CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM**

- **California State University, Fresno, Nurse Practitioner Programs**

**Dr. Robert Fire, Director Nurse Practitioner Programs**

The CSUF NP program was first established in May 1983. Since then there have been 436 graduates. CSUF NP program prepares nurse practitioners for advanced practice in primary care for several distinct populations: Family Nurse Practitioner, Pediatric Nurse Practitioner and Geriatric Nurse Practitioner. Due to low enrollment, the GNP option was last offered in 2001. Currently, there are 50 students enrolled in the FNP option and nine students are enrolled in the PNP option. A total of 10 faculty members teach in the NP program; seven full time faculty members and three part time faculty members. Kay Weinkam and Carol Mackay, NECs, conducted a continuing approval visit at CSUF Nurse Practitioner Program on March, 14-16, 2011. The program was found in non-compliance with three of the Board's regulations: CCR Section 1484(c)(4) – Current Clinical Practice; CCR Section 1484(d)(7) –Program Unit Requirement; and, CCR Section 1484(d)(11) - Preceptors. Two recommendations were made: CCR Section 1484(d)(5) – Philosophy; and, CCR Section 1484(d)(12)(P) – Legal Aspects. CSUF submitted a response to the areas of non-compliance and recommendations from the visit in a letter dated June 6, 2011.

The areas of non compliance were addressed as follows.

- All NP clinical faculty assigned to teach Fall 2011 are currently practicing as nurse practitioners.
- A three unit course has been added to both the FNP and PNP options. The curriculum for each of these tracks is now 32 semester units. The total number of units for the MSN/NP program equals 40 semester units.

- The Department of Nursing has reviewed and reinforced the procedures and policy of departmental responsibility for preceptor identification, contact initiation and maintenance, appropriate clinical placement, and assessment of preceptor credentials.

With respect to the two recommendations, Neuman Systems Model was incorporated into the NP curriculum and Standardized Procedure content was strengthened across the curriculum.

At this time, the CSU Fresno NP program is in compliance with BRN regulations.

**RECOMMENDATION: Continue approval of California State University, Fresno, Nurse Practitioner Programs**

- **San Francisco State University Family Nurse Practitioner Program**

**Andrea Renwanz Boyle, DNSc, Family Nurse Practitioner Program Director**

The Board granted initial approval for the Nurse Practitioner Program at its June 13-14, 1996, meeting. One-hundred fifteen students have completed the program to date. Twenty-two students were enrolled in the Nurse Practitioner Concentration of the master's program and fourteen in the post-master's certificate program at the time the Self-Study was prepared.

Nursing Education Consultant Kay Weinkam conducted a regularly scheduled continuing approval visit at the San Francisco State University Family Nurse Practitioner Program from April 25-28, 2011. The program was found to be in non-compliance with Standards of Education contained in regulations 1484(d)(11) and (d)(12) and (d)(12)(P) curriculum. Five recommendations were made related to the purpose of the program, 1484(a)(3); program administration, 1484(b)(6); and curriculum, 1484(d)(9)(A), (d)(11), and ((d)(12)(O).

Dr. Landry and Dr. Boyle provided the Board with the Program's response on June 27. The areas of non-compliance and recommendations have been addressed with specific actions and timeframe.

**RECOMMENDATION: Continue approval of San Francisco State University Family Nurse Practitioner Program**

**C. DEFER ACTION TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM**

- **California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program**

**Dr. Patricia Hinchberger, MEPN Program Director**

The MEPN Program is the university's first pre-licensure nursing program, which received initial approval in 2006 and graduated their first cohort of 24 graduates in December 2007 (18 month curriculum). The NCLEX pass rate for 2008-09 was 79.17% (19/24 passed). Subsequent pass rate for 2009-10 decreased to 65.38%, for which the program submitted a plan of corrective action that included revision of admission requirements and the curriculum, and was approved in August 2010. The pass rate for 7/1/2010-9/30/2010 Quarter result was 80.65% (25/31 passed).

Starting with the group of students admitted in Fall 2010, the length of the program was increased to 24 months with clinical hours added to qualify graduates for the CNL certification.

On April 4 – 6, 2011, Miyo Minato and Carol Mackay, NECs, conducted the MEPN Program's first continuing approval visit. There were eight areas of non-compliance identified and five recommendations were made. Non-compliances were Sections: 1424(d) Resources; 1424(e) Director/Asst. Director release time; 1424(g) Faculty responsibility; 1424(h) Adequate faculty, include Content Expert, 1425(f) Content Expert qualifications; 1425(1)(a) Faculty responsibilities; 1426(d) Curriculum, concurrent theory and clinical; 1426(f) Evaluation tool; and 1428 Student Participation. Recommendations were made to strengthen curriculum: Section 1424(a) Philosophy; 1426(b) Unifying theme; 1426(g)(2) Simulation; 1426.1 Preceptorship; and 1424(b) Total Program Evaluation.

The program's self study report identified lack of core full time faculty within the MEPN program as a major problem area. Although there were four full-time faculty within the MEPN program, there were only one FT faculty and 23 PT faculty teaching the prelicensure courses. The Director, with a teaching load, was the primary full-time faculty for MEPN that reviewed and updated all prelicensure course syllabi. There was no organizational structure within the MEPN program for faculty to regularly have meetings for curricular and course related issues, other than an annual retreat where recommendations for changes were discussed. Although schedule of content for the course was in the course syllabi, weekly objectives and other information that would facilitate students' learning were not clearly identified. There was no mechanism established for the theory and clinical faculty members to communicate and coordinate the application of nursing content in the clinical area.

Meetings with both cohorts of students (40 admitted annually) reported similar problems. While students praised some faculty for excellent teaching, most reported problems with inconsistent clinical course requirements and learning experiences that depended on the clinical faculty as to what was taught. Inconsistent learning among the clinical groups within the same clinical course was a major concern. Some students reported receiving a syllabus while others reported they received it from classmates. Both groups reported that they wanted to see changes in their program. The number one suggestion by students for improvement was to have more full-time faculty.

The MEPN Program is definitely meeting the community's needs in that they are admitting qualified second-degree applicants into their program, and adding to much needed cultural diversity in nursing. Students verbalized that they know the program has great potential and wanted to see changes that would strengthen their program. The Administration of the university is committed to providing what is needed to correct deficiencies. The NECs met separately with the Dean and Provost and reported the gravity of the findings and discussed strategies to address the areas of non-compliance.

On July 1, 2011, the program submitted a progress report which addressed all areas of non-compliance and recommendations. The program has worked with Dr. Judy Pappenhausen as their consultant to assist them with the program reorganization and curricular needs. Significant progress has been made in all areas cited during the visit. Each area reported in the progress report conveyed what has been completed and the timeline to take corrective actions for full compliance. The Resource needs, particularly the full time faculty, release time for director and assistant director, and staff support have been addressed and positions allocated. The report indicated some positions already filled, while others such as hiring of full time/lead faculty are currently pending. The timeline for corrective actions not completed appears reasonable and the program plans for full compliance in Fall 2011. The program will submit revised course syllabi to the NEC as they are completed.

**RECOMMENDATION: Defer action to continue approval of California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program. Final progress report due to NEC in February 2012 to be placed on the March 2012 ELC Agenda.**

#### **D. APPROVE MAJOR CURRICULUM REVISIONS**

- **Dominican University of California Baccalaureate Degree Nursing Program  
Dr. Anita Hunter, PhD, APRN, FAAN, Professor and Chair, Department of Nursing**

Dominican University submitted a major curriculum proposal for the Baccalaureate Program in Nursing. The major curriculum changes meet CCR Section 1426 requirements. The changes are described as necessary in order to improve the caliber of student entering and progressing through

the pre-licensure BSN program, create a more pedagogical sound curriculum, and improve NCLEX pass rates.

The specifics in the proposed revisions are:

- New admission and progression policies.
- An increase in clinical hours across the curriculum>
  - Med-Surg hours, including health assessment and fundamentals 648
  - OB = 120
  - Peds = 120
  - Psych = 120
  - Geri = 96
  - Community Health/PHN=96
- New course numbers:
  - Separate fundamentals theory and skills course.
  - Separate med-surg 1 theory and clinical course.
  - 3-one unit pharmacology courses taught sophomore, junior, senior year and increase in content and complexity of content.
- Changes in course descriptions to match new numbers, name changes, as well as course revisions for NURS 2014: Nursing Health Assessment and NURS 4200: Nursing Leadership and Patient Care Management (to integrate policy, issues, and trends).
- A move to have all theory and clinical courses congruent across an all semesters rather than the two 8 week clinical sections mixed with a semester long theory course.
- A move away from individualized preceptor experiences in the last semester senior year to a prescriptive immersion preceptor (PIP) experience piloting a modified version of the dedicated education unit concept of University of Portland (22 students will be in the traditional preceptor model and 22 will be in the PIP experience).
- Clinical competency skill testing, using hi-fidelity simulation manikins and standardized patients, in the final semester of the program.

Rationale: The curriculum and admissions/progression changes were made based on the following:

1. Consistently low student satisfaction scores with their educational and clinical experiences, over the past 6 years, on the Educational Benchmarking Inc (EBI) surveys.
2. Consistently lower NCLEX scores than acceptable which affects our reputation as well as does not make us competitive for state and national funding options (our annual average is still 84% - fluctuating between 81-85%, thus past curriculum changes have not been helpful in raising these scores).
3. Increasingly poor employment outcomes (since 2008 DUC continues to have a new grad unemployment rate of 50%). Though this may be related to grads who are not flexible to move or who won't accept any other position than a specialty position {eg., L&D, peds, ICU}, there is speculation that the poor employment rate is also due to the low NCLEX pass rate and the less than stellar students that have completed this program.
4. Consistently poor caliber of traditional students admitted and allowed to progress under the old progression policies. These weak students have also been shown to be those who do not pass the NCLEX exam and are the ones most likely not to be hired upon graduation.

The plan is to increase the total number of units for nursing components in the curriculum from 49 to 52, and the science requirements from 20 to 24 units. The total units required for licensure increases

from 75 to 82 units. The GE requirements for graduation are changed from 126 to 124 units. These changes retain the components of CCR §1426 (a-g) as required by the BRN.

**RECOMMENDATION: Approve Major Curriculum Revision for Dominican University of California Baccalaureate Degree Nursing Program**

- **Hartnell College Associate Degree Nursing Program**

**Mary Young-Breuleux MSN, APN BC, CNE, Associate Dean/Director-Nursing and Allied Health**

Faculty began their work in 2010 by focusing on the mission, vision, values, and philosophy of the nursing program. The faculty states they embrace the core values of caring, competency, collaboration and curiosity. These core values, philosophy, usage of the Roy Adaptation Model, and the Nursing Process and Doenges & Moorhouse Diagnostic Divisions create the conceptual and structural framework for the curriculum changes. The curriculum has a progressive design, ranging from maintaining and promoting health to restoring and optimizing health. The Doenges & Moorhouse Diagnostic Divisions were chosen as the organizing framework for assessment and data collection.

The curriculum is developed and presented in a simple-to-complex framework, beginning with the introduction of basic nursing care, wellness, and patients' responses to simple physiological changes in health. The curriculum progresses to patients' responses to complex physiological changes, nursing leadership and management strategies. Nursing theory, clinical reasoning, skill development, cultural and ethical awareness and practice, are integrated throughout the curriculum.

Specific major curriculum change approval requested:

- 1) Mission, Vision, Values and Philosophy statement, with adaptation of the Roy model and utilizing the Nursing Process and Doenges and Moorhouse Diagnostic Divisions as the unifying structure of the curriculum.

- 2) Revised course descriptions and student learning outcomes.

- 3) Elimination of the preceptor course, NRN 40.

- 4) Clinical hours in NRN 44.1 from 4 units to 5 units.

- 5) NRN 50, the Supervised Nursing Skills Practice course, from a range of 0.3-1.0 units to 0.5 units.

NRN 40 Preceptorship is discontinued due to changes at collaborating hospitals and difficulties in finding consistent preceptors. Most RNs in the area do not work fulltime. The decrease in the inpatient population has created RN layoffs and unit closures. Each spring the faculty and students have found increasing challenges identifying consistent preceptors, which faculty evaluated as an integral part of a preceptorship course. The clinical hours which were formerly provided by the preceptorship are now located in NRN 44.1.

When approved by the Board, the plan is to implement the new major curriculum in January, 2012.

**RECOMMENDATION: Approve Major Curriculum Revision for Hartnell College Associate Degree Nursing Program**

- **Long Beach City College Associate Degree Nursing Program**

**Debra Chow R.N., M.S.N., F.N.P., Program Director**

The program is submitting a major curriculum revision in response to student and faculty course evaluations, input gathered from other nursing programs, prior recommendations from the BRN and NLNAC, and to ensure that the curriculum is in compliance with revised BRN regulations. One of the primary objectives of the curriculum revision is to improve the concurrency for students in applying theory to clinical practice. The curriculum revision proposes changes in course structure, sequence, units, and in course names and numbers. The college operates on an 18- week semester system.

Structure Changes:



- ADN 21 A/AL (Woman's Health/Lab) will be changed from a 2.5 unit theory and 3.0 unit clinical course to a 1.5 unit theory and 1.5 unit clinical course; decreases from a 9 to a 4.5 week course; is renumbered as 235A and 235 AL; and is renamed Maternal Newborn Nursing and Maternal Newborn Nursing Lab.
- Pediatrics content will be separated from an existing course that is combined with critical care content (ADN 22A/AL), into a (1.5 unit) theory and a (1.5 unit) clinical course ADN 235 B (Pediatric Nursing) and ADN 235BL (Pediatric Nursing Lab) course offered over 4.5 weeks.
- Additional medical/surgical content will be added to the curriculum in the forth semester in a newly structured 2.5 unit theory course ADN 245A (Advanced Medical/Surgical Nursing) and a 3.0 unit clinical course ADN 245AL (Advanced Medial/Surgical Nursing Lab), replacing ADN 22A/AL (Advanced Nursing 1-Critical Care Life Span).

Sequence Changes: The new pediatrics course content will be offered in the 3<sup>rd</sup> instead of in the 4<sup>th</sup> semester. The program also intends to re-sequence Speech (10/20/30) from the 3<sup>rd</sup> to the 2<sup>nd</sup> semester.

Unit Changes: Total Curriculum Units increase by 0.5.

Total nursing units are increased from (40.0 - 40.5).

Nursing theory is increased by from (22.0 – 22.5).

Total units for licensure increase from ( 66.5 or 67.5)

Total units for graduation increase from (69 or 70 to 69.5-70.5).

The program has secured changes in clinical placements to in preparation for implementation in Spring 2012. The proposed revised curriculum documented conforms to the Board's rules and regulations.

**RECOMMENDATION: Approve Major Curriculum Revision for Long Beach City College Associate Degree Nursing Program**

• **Mount St. Mary's College Associate Degree Nursing Program**

**Dr. Gloria Blatti, Program Director**

The program is submitting a major curriculum revision in to address the area of non-compliance with CCR Section 1426(a) - Required Curriculum, issued at the program continuing approval visit in March 2011. Minor curriculum revisions for this program were approved by the Board in 2003 and in 2009. The current program director was appointed in 2008. The program is submitting updated curriculum forms representing changes that have occurred and that have been implemented in nursing, science, communication and other college courses.

Changes in course semester units from the Content Required for Licensure Form previously approved by the Board in 2003 is as follows: Total nursing theory and clinical units is decreased from 47-42 units (-5). Nursing theory is decreased from 26 to 24 units (-2) and nursing clinical is decreased from 21 units to 18 units (-3). Communication Units are increased from 6 units to 8 units. Science Units remain at 21 units. Total units for licensure have decreased from 74 units to 71 units (-3). Other degree requirements have increased from 9 units to 12 units (+3). Total units required for graduation remain the same at 83 units.

A summary of course changes in the areas of nursing, science, communication and other college courses that have occurred from 2001-current was provided by the program. The proposed curriculum conforms to the Board's rules and regulations. The program also provided a response to recommendations given during the continuing approval visit, aimed at improving the communication and notification processes with respect to course changes occurring in other departments that provide content required for licensure for the nursing program curriculum, and for notification of the Board of future proposed curriculum revisions.

**RECOMMENDATION: Approve Major Curriculum Revision for Mount St. Mary's College Associate Degree Nursing Program**

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Sub-Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.3**

**DATE:** September 14, 2011

**ACTION REQUESTED:** Progress Report From United States University Entry Level Master's Degree Program

**REQUESTED BY:** Catherine Todero, PhD, RN, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

Dr. Elisabeth Hamel was the Interim Program Director for the United States University ELM Degree Nursing Program through July 30 and now serves as the Assistant Program Director. Pilar DeLaCruz-Reyes has assumed the position of program director effective July 30, 2011 with BRN approval. Currently, much of her time is spent in a remote location but at the end of August she will relocate to Chula Vista near the school campus. This new director has quickly responded to requests for information and intervention in response to issues which have occurred during her first week of active employment.

A continuing approval visit was conducted at the United States University (USU) ELM Program on June 8 – 9, 2011 by NECs Leslie Moody and Miyo Minato, and Louise Bailey, Executive Officer, following receipt of complaints from students of USU's Cohort II Class of March 2011. There were findings of nine areas of noncompliance, involving 14 sections:

- Program Resources: Sec 1424(d);
- Assistant Director: Sec. 1424(f) and 1425(b)
- Faculty Responsibilities: Sec. 1424(g) and 1424(j)
- Faculty Qualifications: Sec. 1424(h) and 1425(f), 1425.1(a), 1425.1(d)
- Curriculum: 1426(b)
- Concurrent Theory and Clinical 1426(d)
- Clinical Facility: 1427(b)
- Student Participation: 1428
- Policy Relating to Eligibility for Examination: 1428.6(b)

Also, three recommendations were made: Sec. 1424(b) Policies and Procedures; 1424(b)(1) Evaluation; and 1424(c) Organizational Chart. (see attached Report of Findings)

All findings of noncompliance and recommendations made were reported to the Board at the June 15, 2011 meeting. Representatives of USU were present including Dr. Yoram Neumann, President/CEO, Dr. Edith Neumann, Provost, and Dr. Elisabeth Hamel, Interim Program Director. BRN staff provided a verbal report. USU staff provided additional information in response to questions from the Board. Public input was heard from USU Cohort II students and their legal counsel in addition to other members of the public. After hearing all input the Board voted the following actions:

- To place United States University Entry Level Master's Degree Nursing Program on

Warning Status with intent to remove Board approval.

- No new admission of students into the USU nursing program.
- The University is to take immediate corrective action to provide the 96 hours of supervised pediatrics experience for each of the 39 students in Cohort II. A priority is to be given to those students who have already taken the NCLEX Licensing Examination and/or are waiting to start employment.
- To submit a progress report to the Board addressing the areas of noncompliance and be present at the Board meeting September 2011.

Following the Board meeting, the program was experiencing difficulty with setting up the pediatric clinical rotations for students of Cohort II and requested assistance from the BRN. Miyo Minato, Supervising Nursing Education Consultant spent three days June 20-22 on site at United States University providing guidance and assistance to program staff. As of June 30, the program achieved securing and scheduling appropriate clinical sites, and hiring of additional pediatric faculty so that all Cohort II students can complete their pediatric clinical rotation.

On July 18 a phone call was received from a Cohort II student regarding the prior weekend clinical rotation shifts completed at Balboa Naval Hospital. Dr. Hamel, interim program director, was contacted regarding the student concern and it was revealed by Dr. Hamel that an unapproved faculty had been assigned and taught clinical rotations from July 11-17, 2011.

Dr. Edith Neumann, USU Provost, was contacted and advised of this incident of noncompliance, and she was advised that there could be no instances of noncompliance with any of the BRN requirements. Dr. Neumann provided additional documentation to substantiate the applicant's experience with a completed faculty approval request and the faculty applicant was subsequently approved. Dr. Neumann provided reassurance that there would be no further incidents of noncompliance as she would provide close supervision of the nursing program.

A progress report (see attached) has been received from the program to identify actions taken in response to the areas of noncompliance and recommendation identified during the June 2011 visit. Clinical rotations have been scheduled and are being completed for the cohort 2 students' pediatric experience, and the school is submitting amended documentation to the BRN licensing unit as each student completes their rotations.

On August 1, 2011 a student from the non-citizen subcohort of primary Cohort 2 called to report that their El Centro Medical Center pediatric clinical rotations had been cancelled two weeks prior and students had not yet received news regarding scheduling at an alternate location. When Dr. Edith Neumann, Provost, was contacted, she confirmed that the rotations had been cancelled by the clinical facility and attempts were being made by the program to establish a clinical relationship with a new facility. A new facility was subsequently secured and BRN approved on August 8, and students of this subcohort have now been scheduled to complete their pediatric clinical rotations by the end of August. The same student also reported that students had no person to contact within the nursing program to report concerns. Upon being informed of this, new director Pilar DeLaCruz-Reyes provided her personal cell phone number to the students.

On August 3, 2011 a student from a subcohort (8 students) of primary Cohort 2 called to report that the subcohort had been offered the opportunity by the instructor to leave early on each of

three days of their July pediatric clinical rotation. The instructor advised that students would have to unanimously vote in favor this in order for them to be able to leave early each clinical day. All students agreed and the instructor released them from clinical 2 hours early on Monday, July 26, 2 hours early on Tuesday, July 27, and 3.5 hours early on Wednesday, July 28. The student additionally expressed concern that part of their clinical rotation was spent in the NICU – the program had previously been advised on more than one occasion that NICU was not an appropriate clinical assignment to achieve the program’s approved pediatric course learning objectives. All of this was reported to Dr. Elisabeth Hamel who responded that an investigation would be conducted and faculty would again be reminded that NICU is not an appropriate clinical placement for pediatric clinical objectives. These issues were also discussed with the new program director, Pilar DeLaCruz-Reyes, who planned to counsel students and faculty involved, and immediately develop a plan for make-up of lost clinical hours for this subcohort.

The program continues to operate without any full-time faculty. Content experts have been identified (part-time faculty) for four of the content areas but the program continues without a content expert for psych/mental health. The new program director is aware of this and has stated that hiring of full-time faculty is a high priority.

NCLEX results for the year 2009-10 were 62.5% first-time test takers pass, 2010-11 71.43% and quarter 04/01/11-06/30/11 75% (18/24). The results are all below BRN established performance threshold, but are trending upward which is likely due to recent program instructional changes including application of ATI tools and requiring minimum ATI test performance for program progression and exit.

**Recommendation of Education/Licensing Sub-Committee:**

- **Continue status of Warning With Intent to Remove Board Approval**
- **Continue to restrict program from admitting any new students**
- **Program to provide progress report to Board at September 14, 2011 meeting**

**NEXT STEP:** Inform program of Board Action

**FISCAL IMPLICATION, IF ANY:** None

**PERSON TO CONTACT:** Leslie A. Moody, NEC  
(760) 369-3170

# BOARD OF REGISTERED NURSING

## REPORT OF FINDINGS

### United States University Entry Level Master's Degree Nursing Program

Visit Dates: May 9, 2011 and June 8 – 9, 2011

Visitors: Miyo Minato and Leslie Moody, NECs, and  
Louise Bailey, Executive Officer

**Nine areas of noncompliance involving 14 related sections and three recommendations.**

#### **NONCOMPLIANCES:**

##### **Program Resources:**

**Sec 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology to achieve the program's objectives.

**The program has insufficient resources, including skills lab equipment for instruction of nursing skills and full-time faculty to implement the curriculum and achieve program objectives.**

##### **Assistant Director:**

**Sec. 1424(f)** The program shall have a board approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence.

**The program does not have board approved assistant director.**

**Related noncompliance: Sec 1425(b)** [The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a) (4) above, or such experience as the board determines to be equivalent.

##### **Faculty Responsibilities:**

**Sec. 1424(g)** Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

**The program lacked organizational structure within the nursing department for total faculty to participate in development, implementation, and evaluation of the program, including the relationship between Instructors and Assistant Instructors, and Clinical Teaching Assistants.**

**Related noncompliance: Sec. 1424(j)** The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

##### **Faculty Qualifications:**

**Sec. 1424(h)** The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

**There is insufficient number of qualified full-time faculty to meet the requirements for supervision of clinical faculty, content expert roles, and to conduct clinical instructions to achieve program objectives.**

**Sec. 1424(h) (continued)**

**Related noncompliance: Sec. 1425(f)** A content expert shall be an instructor and shall possess the following minimum qualifications:

- (1) A master's degree in the designated nursing area; or
- (2) A master's degree that is not in the designated nursing area and shall:
  - (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
  - Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

**Related noncompliance: Sec. 1425.1(a)** Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

**Related noncompliance: Sec. 1425.1(d)** Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

**Curriculum:**

**Section 1426(b)** The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

**Program failed to provide supervised clinical instruction (96 hours) under qualified board approved faculty in pediatrics as described in the pediatrics course syllabus for students to have practiced the knowledge and skills in the nursing area to meet course objectives**

**Sec 1426(d)** Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics.

**Program failed to provide concurrent theory and clinical in pediatrics course as required by their approved curriculum.**

**Clinical Facility:**

**Sec 1427(b)** A program which utilizes agencies and/or community facilities for clinical experience shall maintain written objectives for student learning in such facilities, stated in measurable performance terms, and shall assign students only to facilities which can provide the experience necessary to meet those objectives.

- The program failed to communicate clearly the objectives for students' clinical learning and did not have written objectives on the unit when the visit was made.
- Current Psych facility used does not provide the experience necessary for students to meet the objectives for psychiatric-MH course objectives.

**Student Participation:**

**Section 1248** Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures, philosophy, learning experiences, and curriculum and instructions.

**Program failed to provide opportunity for students to participate with the faculty in the development of policies, curriculum, and learning experiences.**

**Policies Relating to Eligibility for Examination:**

**Section 1428.6(b)** The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individuals shall be deemed ineligible to take the examination.

**The program failed to notify the Board of a change in graduates' licensure eligibility when the school learned that students in Cohort II did not complete the required hours of clinical experience, and therefore, deficient in meeting the licensure requirement.**

**RECOMMENDATIONS:**

**Sec 1424(b)** The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

**Ensure that program policies are consistently applied as described in the published documents.**

**Section 1424(b)(1)** The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

**Review and evaluate data from course, clinical facility and other evaluative surveys conducted and make the changes indicated for program improvement.**

**1424(c)** There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication with the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

**Review and revise organizational chart to reflect direct communication between faculty and nursing director and that shows communication between faculty and agencies and faculty (Instructor) responsibility of supervision of assistant instructors and clinical teaching assistants.**



UNITED STATES  
UNIVERSITY

# PROGRESS REPORT TO BOARD OF NURSING

JULY 25, 2011



# Table of Contents

INTRODUCTION .....	3
HISTORY OF THE ELM PROGRAM AND THE UNIVERSITY (USU/IAC) .....	3
FINDINGS AND USU PROGRESS REPORT .....	5
Program Resources <i>Sec 1424 (d)</i> .....	5
Assistant Director-Director <i>Sec 1424 (f) and 1425 (b)</i> .....	6
Faculty Responsibilities <i>Sec 1424 (g) and 1425 (j)</i> .....	6
Faculty Qualifications <i>Sec 1424 (h) and 1425 (f), 1425.1 (a), 1425.1 (d)</i> .....	7
Curriculum <i>Sec 1426 (b)</i> .....	7
Concurrent Theory and Clinical <i>Sec 1426 (d)</i> .....	8
Clinical Facility <i>Sec 1427 (b)</i> .....	9
Student Participation <i>Sec 1428</i> .....	10
Policy Related to Examination <i>Sec 1428.6 (b)</i> .....	10
RECOMMENDATIONS: .....	11
Policies and Procedures <i>Sec 1424 (b)</i> .....	11
Evaluations <i>Sec 1424 (b)(1)</i> .....	11
Organizational Chart <i>Sec 1424 (c)</i> .....	12
PLEASE SEE ATTACHED ORGANIZATIONAL CHART .....	12

## **United States University**

### **Progress Report to Board of Nursing**

#### **Introduction**

The Board staff conducted a continuing approval review at United States University's ELM program, following two students complaint from Cohort II class members in May 2011, regarding the Pediatric rotation completion.

Leslie Moody and Miyo Minato, NECs conducted two site visits, in one of the visits the executive director was in the visit as well. The findings were presented in the June meeting (item 13.3), followed by a letter to the Nursing Interim Director.

#### **History of the ELM program and the university (USU/IAC)**

Initial Start of the program was in August of 2008- under Inter American College. The President was Reymundo Marin, and VP for Academic Affairs Dr. Maria Marin. Director of the Program was Dr. Elisabeth Hamel (until November 2009).

November 2009 – and Hazel Hargrove were at first consultants and later became Director of the ELM program.

December 2009--The IAC School was sold by the Board of Trustees as an Asset purchase agreement to Educacion Significativa, LLC. Dr. Sue Row was an Interim President; Hazel Hargrove was Director of the ELM program.

End of February 2010 – A new leadership team (5 members all together) was hired by Educacion Significativa LLC to lead IAC (Dr. Y. Neumann President, Dr. E. Neumann Provost, Mr. Finally COO, etc.). Hazel Hargrove continued to be the Director of the ELM program.

Melissa Stoutenburg , was the Clinical Service Manager arranging clinical placements, under the supervision of the Director of Nursing Ms. Hargrove.

The new leadership team worked diligently to enhance the school academic quality, accountability and affordability. Student's tuition was reduced by more than 33%, and additional programs were developed.

On April 2010, the name of the school was changed to United states University. Dr. Carmen Galang joined the university (September 2010) as a Director first for the MSN program, and the RN-BSN.

In October 2010, Hazel decided to leave and move back to Arizona, but she stayed until we were able to hire a new Director. During that transition time Dr. Galang decided to take over the Directorship of the ELM program. Both Hazel and Dr. Galang worked together until Hazel Hargrove left in November, 2010.

Dr. Carmen Galang was approved to be the Director replacing Hazel in October 2010. In January 3, 2011 Jason Saude was hired as a support coordinator for Dr. Carmen Galang with the ELM program.

Melissa, was terminated in April, 2011 and a new individual was hired to conduct the Clinical Rotation Assignments (Brandis Constantine).

In May 2011, the University moved to its new current location, with a much better learning environment to all students.

Dr. Hamel, was hired in May 24, 2011 to support Dr. Galang as well as an Assistant Director (as we realized that she knows the history and had experience with the school before).

Dr. Carmen Galang and Jason Saude resigned (June 7) one day prior to the planned BRN visit on June 8.

June 7, 2011 Dr. Hamel was appointed as Interim Director.

When the current leadership team arrived, it was very difficult to find any documentation from the past.

The reports from the director were always positive, and for each question there was the answer that “all clinicals are in place, faculty and curriculum in place”.

The NCLEX passing rate of the first cohort that graduated in Dec. 2009 was very low.

As a result the new Provost developed a comprehensive plan with the School of nursing to alleviate the future low NCLEX rates. Multiple attempts were made to call the first cohort and try to provide them ATI free of charge, but none of the students took advantage of it.

A plan “Strategies to improve the NCLEX result at United States University “ was submitted to the BRN and was and continued to be followed. Unfortunately the plan was implemented towards the end of cohort 2 completion date of the program. Nevertheless, we believe that the implementation of the plan will have an impact on cohort 2 success although not the full impact yet (Please see attachment A). For all subsequent cohorts the ATI was incorporated into the curriculum and we believe the results will be increasingly better with each cohort.

In addition, the university enrolled (with the recommendation of Leslie Moody) to the Mountain Research Company, to provide USU additional input to the NCLEX performance of its students. The first report was sent to the university, but as a result of very low numbers the report is not providing enough information. We will receive reports every year and it will be more helpful to design the curriculum and ensure that the expert faculty are aware of the various issues and problem areas of USU students.

## **Findings and USU Progress Report**

**The BRN letter to the Director of the Nursing Program at USU raised issues in the following areas:**

**Program Resources *Sec 1424 (d)***

### **Finding:**

**The program has insufficient resources, including skills lab equipment for instruction of nursing skills and full-time faculty to implement the curriculum and achieve program objectives.**

### **Actions and Results of Actions:**

The program has hired Grossmont College Sims Lab Technician and the Director of Nursing ; they worked with the Nursing Faculty and to update the lab at the level that it will be at par with other Sims Labs. The university purchased all computerized equipment needed to implement the curriculum in Pediatrics, Maternity, Adults and Critical Care. The university also purchased high quality cribs, an incubator, new state of the art hospital beds, wall mounting equipment, oxygen units, IV monitors, new wheelchairs, mannequins (pregnant women and child with birthing options) and more.

Directors of other Sims Labs were invited to review the lab and the Faculty who has vast experience –Alberta, conducted all Sims Lab experiences for cohort II in Pediatrics. Currently other cohorts are working on the Sims Lab to improve their skills, and add additional experiences in the lab.

Our lab is now fully developed with the Assistance of Grossmont College Lab Technical Personnel and Director of Nursing. We are in the process of hiring a Sims Lab coordinator, interviewed 3 and we have one additional interviewee, and then we will hire the individual.

Cohort 2 was able to receive the simulation lab in the USU lab taught by highly experienced faculty.

The Lab is open to student practice of basic skills, and other content areas. We have scheduled lab hours and the lab is open for student practice every day.

Currently each content faculty conducts the Sims Lab in the specific content area to achieve curricular program objectives.

### **Assistant Director-Director *Sec 1424 (f) and 1425 (b)***

#### **Finding:**

**The Program does not have a board approved assistant director.**

#### **Actions and Results of Actions:**

USU hired a new highly recommended and qualified Director of Nursing- prior to hiring she was approved by the BRN. Pilar De La Cruz Reyes, RN, BSN, MSN. Dr. Elisabeth Hamel was approved initially as an Assistant Director, she served as an interim director until the new director will join the university.

### **Faculty Responsibilities *Sec 1424 (g) and 1425 (j)***

#### **Finding:**

**The program lacked organizational structure within the nursing department for total faculty to participate in the development, implementation, and evaluation of their program, including the relationship between Instructors and Assistant Instructors, and Clinical Teaching Assistants.**

#### **Actions and Results of Actions:**

USU Faculty members were assembled for a School of Nursing Faculty meeting and the issue of working on the policies and procedures of the program was discussed. The content experts will be responsible for the future planning, implementing and assessing the success of the program. We expect this to be resolved with the newly hired highly competent nursing leadership. The reporting lines are designed clearly in the school of nursing and as additional faculty will join the school we will update the organizational chart. (Please see attached Organizational Chart).

The school had faculty that were considered content experts by the nursing school, but following the visit by NEC it was clear that not all the faculty have the appropriate qualifications as described in 1426(d), to serve as content experts.

The School actively searching for full time faculty among its part time faculty and outside the school for 5 content experts that will be able to support the program in all 5 areas (Medical/Surgery, Maternal, Child, Mental Health, and Geriatric ). USU is also in the process of hiring a content expert to the Leadership content area; Sylvia Ford, has a master's degree and currently employed by the VA and accepted to serve as a content expert in Leadership. The content expert for Mental Health used to be Erlinda Ortin, currently on break and we are seeking another possible content expert in the Mental Health Area. Lisa Dela Cruz, is the content Expert for Med- Surg, We believe that Gabi Aliyev can qualify to be a content expert (Anna Ditona-is on

leave), Pediatrics- Joni Oak is a content expert. Geriatrics, we do not have yet a content expert. We increased the number of faculty expertise also in the part time faculty that provide professional training especially a great improvement in the clinical experience.

The content experts are also be responsible to teach the didactic course in their area of expertise and to collaborate with clinical instructors and other teaching faculty who are responsible for the curriculum in their area of expertise.

### **Faculty Qualifications *Sec 1424 (h) and 1425 (f), 1425.1 (a), 1425.1 (d)***

#### **Finding:**

**There is insufficient number of qualified full time faculty to meet the requirements for supervision of clinical faculty, content expert roles, and to conduct clinical instructions to achieve program objectives.**

#### **Actions and Results of Actions:**

USU is committed to hire only qualified faculty that are approved by the BRN for the specific role. Each faculty prior to hiring is submitted for BRN approval.

Each faculty that is employed currently by USU is approved by the Board to ensure competency in the area of clinical instruction as well as didactic instruction.

Currently a recruitment effort is going on for content experts in all areas and full time faculty. The new Director will take over the interviews and assessment and hiring recommendation of the content experts.

We have currently a candidate for full time faculty that we are hoping to hire, and other candidates that we are interviewing for full time position.

The current faculty, who is teaching in the program assisted in development of additional policies, assessment rubrics and syllabus review with student learning outcome measurements.

### **Curriculum *Sec 1426 (b)***

#### **Finding:**

**Program failed to provide supervised clinical instruction (96 hours) under qualified board approved faculty in pediatrics as described in the pediatrics course syllabus for students to have practices the knowledge and skills in the nursing area to meet course objectives.**

#### **Actions and Results of Actions:**

Immediate action to rectify the problem was taken. Request for Clinical Rotation in Pediatrics was requested from the consortium and Balboa Navy Medical Center. Additional Pediatric experience for acute care was secured in El Centro for students that are not eligible to attend the Navy Hospital. Following the NEC's advice, additional clinical sites were secured in Operation Samahan which is an outpatient clinic with 3 locations in the areas of Mira Mesa and National City, with high volume of pediatric patients. In addition Sims Lab hours were provided by an expert in Pediatric Sims Lab.

All faculty conducting theory and clinical teaching are pre approved by the BRN. The new processes were designed to ensure proper controls on this specific issue. Each faculty after approval by the BRN sent to the Provost approval and submission to payroll and HR. This new process was established since the visit.

The majority of cohort II completed or completing their clinical rotation of 96 hours, following the BRN directives.

Each student performance is documented, faculty are signing daily attendance, and student performance. Each student file is updated and reviewed with the student, if the student agree with the completion of all clinical hours they are required to sign that they completed the Pediatric Clinical Course of 96 hours.

### **Concurrent Theory and Clinical *Sec 1426 (d)***

#### **Finding:**

**Program failed to provide concurrent theory and clinical in pediatrics course as required by their approved curriculum.**

#### **Actions and Results of Actions:**

The review and re-assessment of the curriculum is by the faculty to ensure a common theme and prepare a Nurse that will function with the appropriate competency standards of a registered nurse (code 2725). This task is already begun with the alignment of the didactic syllabus and the clinical syllabus. Review of the syllabi for Students Learning Outcomes, providing the students and the faculty the syllabus by the program faculty and program Director, ensuring that the clinical agency has the student learning outcomes requirement information from the school. ATI was incorporated to all syllabi of all courses for all cohorts and it was completed.

For all cohorts the school has a plan, with consortium numbers and appropriate alignment between the didactic and clinical courses, to ensure that this lack of alignment will never happen again.

The school identified and developed MOUs with BRN approved additional clinical site locations, such as El Centro and Operation Samahan. We continue to approach other acute care facilities to allow non citizen students clinical experiences in acute settings. As we find additional sites such

as Paradise Valley Hospital, Arrowhead Hospital as soon as we complete the general agreement we will request the census and forward to the BRN for approval.

All cohorts' curriculum were re-aligned to ensure concurrent theory and clinical practice in all five areas geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. The ELM curriculum is reviewed by the faculty to ensure that the courses include all the specific content mentioned in (1425.1 d). A program review was conducted that included external reviewer (in 2009/10), nevertheless we are planning a comprehensive program review this coming fall and that will include all the new leadership of the school and new faculty.

The above mentioned improvement in the school of nursing in faculty involvement will ensure appropriate curriculum implementation by which Theory and Practice will be offered concurrently (Please see cohort 4-7 plan). We are also creating alternative plans for non-citizens in the school as mentioned before.

In addition we are planning to communicate to all future ELM candidates that lack of citizenship may result in lack of clinical sites available.

### **Clinical Facility Sec 1427 (b)**

#### **Finding:**

The Program Failed to communicate clearly the objectives for student' clinical learning and did not have written objectives on the unit when the visit was made.

Current Psych facility used does not provide the experience necessary for student to meet the objectives for psychiatric \_MH course objectives.

#### **Actions and Results of Actions:**

In the past the process was that each clinical faculty receives the syllabus for the clinical course and provides the information to the students. The new implemented process is in addition to the previous process each clinical facility is provided by the clinical coordinator prior to the clinical rotation with the Student Learning Objectives and expected outcomes. The content expert faculty meets with each clinical faculty for the content area during the teaching of the theory course to coordinate and discuss how the theory is delivered, what the learning outcomes are and how the clinical course aligned with the theory course. This process involved also the clinical site, and the students became more engaged in the learning process. Each student is writing a daily journal of what was accomplished and how the specific day activities relate to the achievement of the overall learning goals of the course (didactic and clinical). This process is very successful, and we are confident that it will bring the student achievement of the learning goals to a much higher level.

We already identified other Psych facilities that we will use going forward, following approval of the BRN. Paradise Valley Hospital is under negotiation for clinical in Psych , as well as Mission Hills, Sharp Mesa Vista, and Lakeshore . We are working with the San Diego Consortium to identify other options for Mental Health as well as with the County of Los Angeles –MHSA Workforce Education & Training Coordinator for Mental Health Administration (Ms. Liz Miles).



## **Student Participation Sec 1428**

### **Finding:**

**Program failed to provide opportunity for students to participate with the faculty in the development of policies, curriculum, and learning experiences.**

### **Actions and Results of Actions:**

USU will include student representatives in the nursing school committees and seek their input in curricular and other student matters. Currently students are providing input by representatives of each cohort and periodic meetings with the director.

This item was discussed with the new director and implementation of student representation is the process of being implemented starting in the beginning of the Fall Semester.

Overall, students seem to be more engaged already by providing them information sessions and opportunities to be involved.

## **Policy Related to Examination Sec 1428.6 (b)**

### **Finding:**

**The program failed to notify the Board of a change in graduates' licensure eligibility when the school learned that students in Cohort II did not complete the required hours of clinical experience, and therefore, deficient in meeting the licensure requirements.**

### **Actions and Results of Actions:**

The school implemented a policy and developed rubrics and forms for attendance in each clinical day signed by the faculty and the students, each student has to provide a daily journal of activities and the learning objectives achieved that day by those experiences and activities.

Hiring high quality faculty with the appropriate expertise and experience approved by the BRN to the specific content is also a positive factor in implementing these policies.

The faculty, needs to provide attendance roster and send it to the school at the end of each clinical day, each faculty have to report also by developing a daily journal of the learning objectives achieved and the reasons if the objectives were not achieved. In addition, any issues or behavioral problems with students, any missing hours or days will be noted and provided to the Director.

Following the completion of a theory and the clinical course the content expert faculty should meet as a team to review the totality of the achievement of the particular course objectives in

theory and clinical and each student performance. Any outlier student(s) who did not perform in the clinical course will have to repeat the theory and clinical as well which means the student will not be able to continue his/her studies with their cohort. This opportunity to repeat will be given to the student only once.

USU also established a policy and procedure book that includes an audit of all cohorts prior to graduation. A check list is provided for the director to review and check in order to determine a student eligibility to take the NCLEX examination. This process is also includes individual review with each student the student file and his/her experiences and verify the experiences. Each student will sign under penalty of perjury that they have reviewed the file and all information regarding completion of each clinical hours is complete and correct.

We believe that this will never occur again but, if the university finds out after the fact of sending in the file that a student did not complete any aspect of the program the BRN will be immediately notified. This process is already implemented for cohort 3 (Please see checklist and forms. We believe that situations such as the one happened in Cohort II will not occur at USU anymore, as currently all this new policies are in place and already implemented.

#### **Recommendations:**

#### **Policies and Procedures *Sec 1424 (b)***

The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

#### **Actions and Results of Actions:**

Policies and procedures were reviewed and updated, benchmarking was conducted, and implementation of all policies are enforced. Each new faculty and administrator is and will be trained, educated and be responsible for implementation of the policies and procedures. This was also implemented during hiring of new faculty for the pediatric clinical course for cohort 2. Currently all new faculty are introduced to the faculty handbook, provided the appropriate forms for student assessment, student attendance sheets etc. New faculty is also introduced to the BRN rules and regulations regarding the roles and responsibilities of the faculty.

The policies and procedures are available to all students by providing them the student handbook, and required their signature that they acknowledge reading the handbook. All policies are currently consistently implemented.

#### **Evaluations *Sec 1424 (b)(1)***

Review and evaluate data from course, clinical facility and other evaluative surveys conducted and make the changes indicated for program improvement.

**Actions and Results of Actions:**

Plan for assessing the program including selection criteria, interview results, assessment of the achievement of students in the various stages is planned and the faculty and the director will work on a plan for implementation, including achievement of student learning outcomes and how findings from the review is in place and is already used to improve the program.

Matrix of assessment records were developed for each student pre and during the program, including:

1. Admission Criteria
2. Selection Criteria and procedures
3. Attrition
4. Grades in Courses
5. Performance in Clinical courses
6. Development of a Matrix for each course to assess Student Learning Outcomes for each student
7. Faculty performance Assessment
8. NCLEX outcomes
9. Students employment after graduation

Follow up of graduates following graduation, employment etc. (Established New Alumni Society). All these processes are in place and we see already that the results are much better organization and implementation of the ELM program.

**Organizational Chart *Sec 1424 (c)***

Review and Revise organizational Chart to reflect direct communication between faculty and nursing director and that shows communication between faculty and agencies and faculty (Instructor) responsibility of supervision of assistant instructors and clinical teaching assistants.

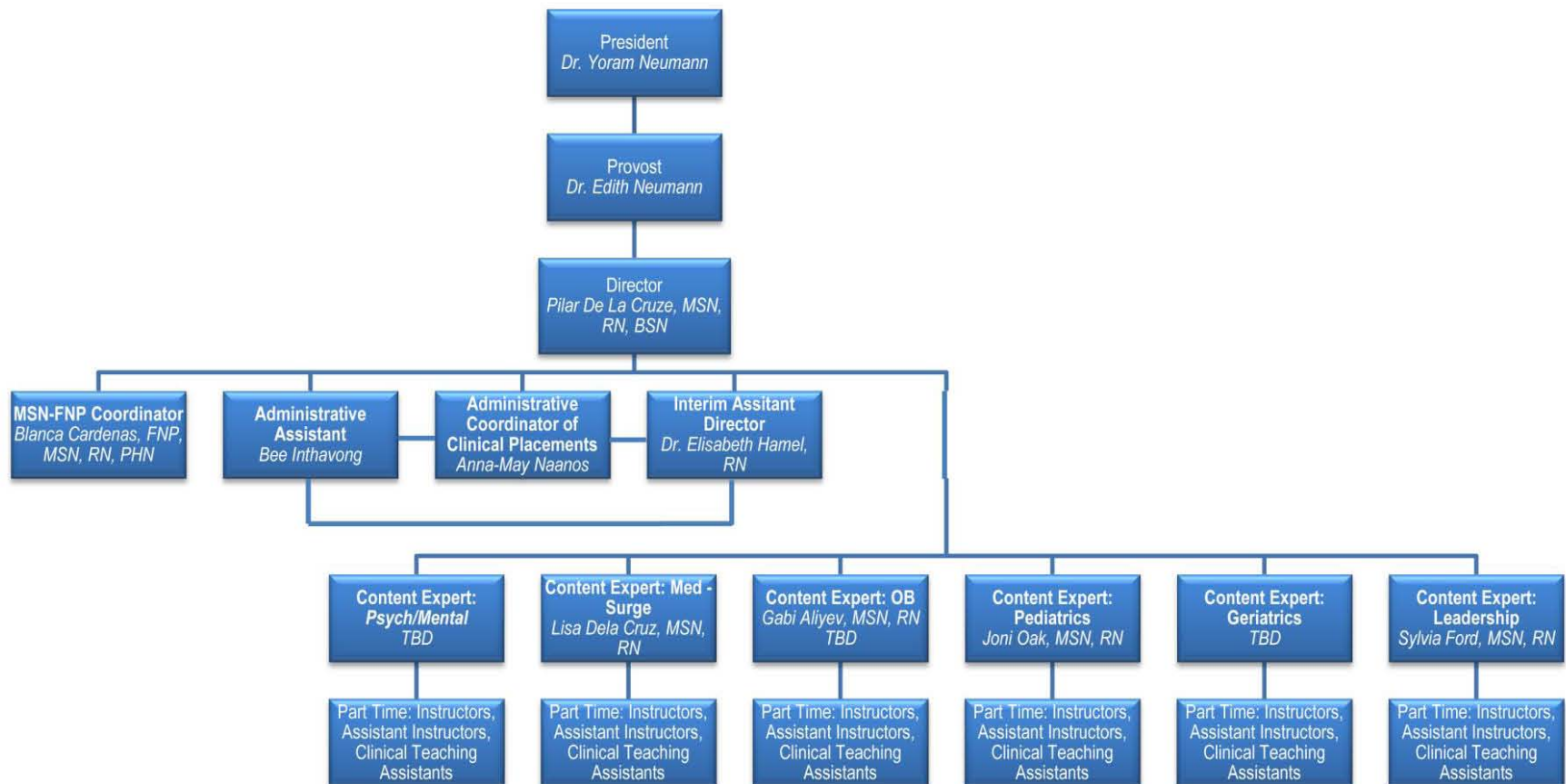
**Actions and Results of Actions:**

Please see attached organizational Chart.



# UNITED STATES UNIVERSITY

## Organizational Chart: School of Nursing

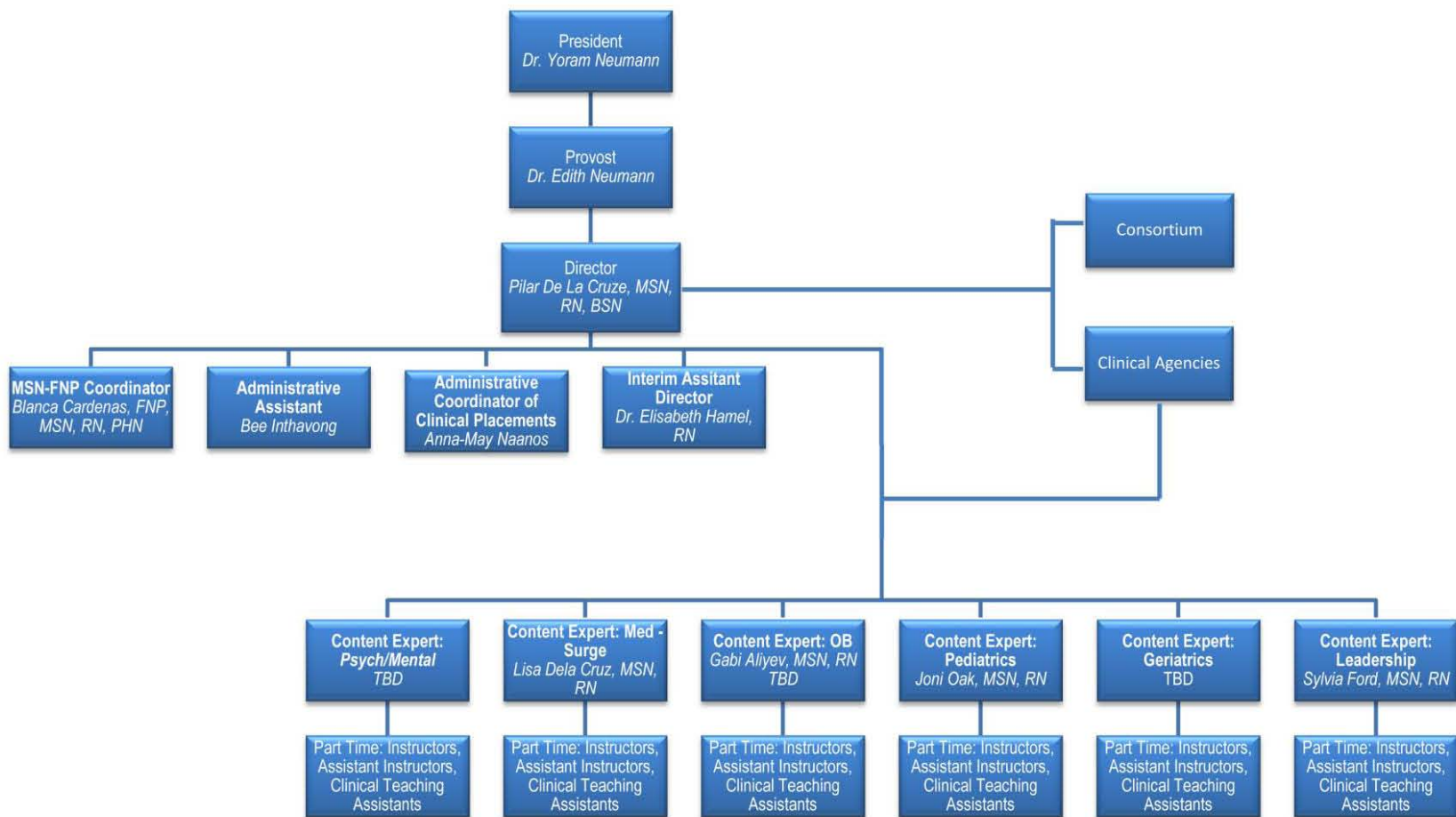




# UNITED STATES UNIVERSITY

## Communication Chart: School of Nursing

(A communication chart was created since Clinical Agencies are not part of the organization.)



**BOARD OF REGISTERED NURSING**  
**Education/Licensing Sub-Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.4**

**DATE:** September 14, 2011

**ACTION REQUESTED:** Notification of Incomplete Feasibility Study for Prelicensure Registered Nursing Program

**REQUESTED BY:** Catherine Todero, PhD, RN, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

The California Code Regulations section 1421(a) Application for Approval requires that a new preclicensure registered nursing program comply with the requirements specified in the board's document, entitled, "*Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*", (EDP-I-01 Rev 03/10), (Instructions). Per Step 3 of the Instructions "If staff deems the revised feasibility study incomplete, it will be returned to the program with a written notice of the deficiencies, and will not be submitted to the ELC. The ELC and Board will be notified of the name of the program applicant, the return of the feasibility study and the deficiencies that resulted in the feasibility study being returned. If the applicant still wishes to start a preclicensure registered nursing program, the applicant must restart the process at Step 1."

The following feasibility from the applicant school did not comply with the requirements specified in the Instructions and has been sent notification:

School	Contact Person	Areas of Deficiency
Mission Career College  Review completed by: Carol Mckay, NEC  Date deficiency letter sent: July 27, 2011	Mr. Tino Abila, EdD, Executive Director	Institutional description and experience providing health related programs; Community served; Type of program being proposed; Promotion of proposed program; Curriculum and Resources; Budgetary provisions; Clinical placements

**NEXT STEP:** Place on Board agenda

**FISCAL IMPLICATION, IF ANY:** None

**PERSON TO CONTACT:** Leslie A. Moody, NEC  
(760) 369-3170

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Sub-Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.5**  
**DATE: September 14, 2011**

**ACTION REQUESTED:** Regulatory Proposal: California Code of Regulations, Article 10,  
Sponsored Free Health Care Event – Requirements for Exemption.

**REQUESTED BY:** Catherine Todero, PhD, RN, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

Assembly Bill 2699 (Bass) was chaptered last year and became effective January 1, 2011. The statute permits the Board to issue authorization for registered nurses licensed in another state, district, or territory of the United States to provide nursing services at “sponsored events” in this state without obtaining a California RN license. The statute defines “sponsored event” as “an event, not to exceed 10 calendar days, administered by either a sponsoring entity or a local government, or both, through which health care is provided to the public without compensation to the health care practitioner.” The sponsoring entity must: register with the Board; provide specified information to the county health department in which the services will be provided; and comply with reporting and record keeping requirements. The out-of-state registered nurse must meet specified requirements. The statute is repealed January 1, 2014, unless extended.

The Department of Consumer Affairs (DCA) provided boards with a sample regulation language template to facilitate the regulatory process. Attached is the proposed BRN regulatory language, including two documents that are incorporated in regulation by reference. The following changes/modifications were made to the DCA template:

**§1503(a) Out-of-State Practitioner Request for Authorization to Participate.**

- Added requirement that the applicant submit the application sixty (60) days prior to the first sponsored event. The requirement takes into consideration the forty-five (45) days it may take to receive the criminal history report. The statute requires that the Board notify the sponsoring entity, within twenty (20) calendar days of receiving the request for authorization to practice, whether the request was approved or denied. If the criminal history report has not been received and the applicant is otherwise eligible, the Board will send a conditional approval. The approved applicant is permitted to provide registered nursing services at no more than four (4) sponsored events in a twelve (12)-month period.
- Set a \$50.00 processing fee, and specified that the fee is not only non-refundable, but also non-transferable.
- Require fingerprints only for the first application in a twelve (12) month period.

**§1503(b) Response to Request for Authorization to Participate.**

- Added that the applicant, and not just the sponsoring entity, would be informed of the Board’s decision on the authorization request, since the Board holds the RN accountable for his/her compliance with the statutory and regulatory requirements.

**§1503(c) Denial of Request for Authorization to Participate.**

- (1)(B) specified the educational and experience requirements, i.e., completion of a prelicensure registered nursing program that is equivalent to California Board-approved programs; clinical competency; and, within the last three (3) years, provision of same or similar nursing services to be provided at the sponsored event.
- (1)(D) added that any registered nurse license the applicant possesses must be in good standing.
- (1)(E) added section, specifying that the applicant cannot be a participant in a health care professional diversion program for chemical dependency or mental illness.
- (1)(F) specified that the registered nurse cannot have participated in four (4) sponsored events during the twelve (12) months immediately preceding the current application.

**§1505 Disclosure of Name and State of Licensure; Complaints**

Added this section requiring that the out-of-state practitioner wear a name tag during the sponsored event, and that the sponsoring entity must post a notice regarding the out-of-state licensure status of the registered nurses and process for filing of complaints.

DCA also provided sample template forms for sponsoring entity registration and request for authorization to practice by out-of-state practitioners. No changes were made in the sponsoring entity registration form; the authorization to practice form was revised for clarity and to conform with the proposed regulations.

The following items are attached:

1. Proposed regulatory text
2. Registration of Sponsoring Entity under Business and Professions Code Section 901 Form (09/2011)
3. Request for Authorization to Practice Without a License at a Registered Free Health Care Event Form (09/2011)
4. Assembly Bill 2699 (Bass, 2010, Chapter 270)

**NEXT STEP:**

Proceed with regulatory process.

**FISCAL IMPLICATION, IF ANY:**

**PERSON TO CONTACT:**

Geri Nibbs, NEC  
(916) 574-7682

Bobbi Pierce, Licensing SSM I  
(916) 574-7668



# **BOARD OF REGISTERED NURSING**

## **Proposed Regulations**

### **Article 10**

#### **Sponsored Free Health Care Events—Requirements for Exemption.**

##### **§1500. Definitions.**

For the purposes of section 901 of the code:

(a) “Community-based organization” means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) “Out-of-state practitioner” means a person who is not licensed in California to engage in the practice of registered nursing but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States to practice registered nursing.

**NOTE: Authority cited:** Sections 901 and 2715, Business and Professions Code. Reference: Section 901, Business and Professions Code.

##### **§1501. Sponsoring Entity Registration and Recordkeeping Requirements.**

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the board not later than ninety (90) calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed Form 901-A (09/2011), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process Form 901-A on behalf of the board. The board or its delegate shall inform the sponsoring entity within fifteen (15) calendar days of receipt of Form 901-A in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegate shall reject the registration if all of the identified deficiencies have not been corrected at least thirty (30) days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five (5) years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity

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sponsoring entity has received written approval from the board.

(e) Report. Within fifteen (15) calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event; and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

**NOTE: Authority cited:** Sections 901 and 2715, Business and Professions Code. Reference: Section 901, Business and Professions Code.

### **§1503. Out-of-State Practitioner Authorization to Participate in Sponsored Event.**

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. An applicant shall request authorization, at least sixty (60) days prior to the sponsored event, by submitting to the board a completed Form 901-B (09/2011), which is hereby incorporated by reference, accompanied by a non-refundable, non-transferable processing fee of \$50.00. The applicant shall not participate in more than four (4) sponsored events in a twelve (12) month period. The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. This requirement shall apply only to the first application for authorization that is submitted by the applicant within a twelve (12) month period.

(b) Response to Request for Authorization to Participate. Within twenty (20) calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity or local government entity administering the sponsored event and the applicant whether the request is approved or denied.

(c) Denial of Request for Authorization to Participate.

- (1) The board shall deny a request for authorization to participate if:
  - (A) The submitted Form 901-B is incomplete and the applicant has not responded within seven (7) calendar days to the board's request for additional information.
  - (B) The applicant has not met the following educational and experience requirements:
    1. Completed a precensure registered nursing program whose curriculum is equivalent to section 1420 of this code.
    2. Is clinically competent to perform the registered nursing services he or she will be providing at the sponsored event.
    3. Has provided the same or similar nursing services to be provided at the sponsored event within the last three (3) years.

(C) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the board.

(D) The applicant does not possess a current valid license in good standing and/or has a registered nurse license in another state, district, or territory of the United States to practice registered

1. Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;

2. Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;

3. Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern of negligence or incompetence.

(E) The applicant is a current participant in a health care professional diversion program for chemical dependency or mental illness.

(F) The applicant has participated in four (4) sponsored events during the twelve (12) month period immediately preceding the current application.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than sixty (60) calendar days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event.

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 1504.

**NOTE: Authority cited: Sections 901 and 2715, Business and Professions Code. Reference: Sections 144 and 901, Business and Professions Code.**

#### **§1504. Termination of Authorization and Appeal.**

(a) Grounds for Termination. The board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination of Authorization to Practice. The board shall provide both the sponsoring entity or a local government entity administering the sponsored event and the out-of-state practitioner with a written notice of the termination of the authorization to practice, including the basis for the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary action reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the board of registered nursing in each jurisdiction in which the out-of-

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(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer or his or her designee shall, within thirty (30) days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the executive officer or his or her designee may affirm or dismiss the termination of authorization to participate. The executive officer or his or her designee shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten (10) days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

**NOTE: Authority cited:** Sections 901 and 2715, Business and Professions Code. **Reference:** Section 901, Business and Professions Code.

#### **§1505 Disclosure of Name and License Status.**

(a) A sponsoring entity shall place a notice visible to clients at every site where clients are receiving registered nursing services. The notice shall be in at least forty-eight (48) point font and shall include the following information:

(1) Registered nurses providing health care services at the event are either licensed and regulated by the California Board of Registered Nursing or hold a current valid license from another state and have been authorized to provide registered nursing services in California only at this specific event.

(2) Complaints or concerns should be reported to the California Board of Registered Nursing.

(3) California Board of Registered Nursing phone number, physical address, and e-mail address.

(b) An out-of-state practitioner authorized to provide nursing services at a sponsored event shall wear a name tag while practicing. The name tag shall be in at least eighteen (18)-point font and include the practitioner's name, registered nurse or R.N., and state of licensure.

**NOTE: Authority cited:** Sections 680, 901, and 2715, Business and Professions Code. **Reference:** Section 901, Business and Professions Code.

## REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code Section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code Section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

Only one form (per event) should be completed and submitted to the Department of Consumer Affairs. The Department of Consumer Affairs will forward a copy of the completed registration form to each of the licensing authorities indicated on this form.

### PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name:

2. Organization Contact Information (*use principal office address*):

Address Line 1

Phone Number of Principal Office

Address Line 2

Alternate Phone

City, State, Zip

Website

County

Organization Contact Information in California (*if different*):

Address Line 1

Phone Number

Address Line 2

Alternate Phone

City, State, Zip

County

### 3. Type of Organization:

Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code?      ☐ Yes      ☐ No

If not, is the organization a community-based organization\*?      ☐ Yes      ☐ No

Organization's Tax Identification Number \_\_\_\_\_

If a community-based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*): \_\_\_\_\_

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\* A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

## **PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS**

Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.

### Individual 1:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

### Individual 2:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address

County

**Individual 3:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
County

*(Attach additional sheets if needed to list additional principal organizational individuals)*

<b>PART 3 – EVENT DETAILS</b>
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1. Name of event, if any: \_\_\_\_\_

2. Date(s) of event (not to exceed ten calendar days): \_\_\_\_\_

3. Location(s) of the event (be as specific as possible, including address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the intended event, including a list of all types of health care services intended to be provided (*attach additional sheet(s) if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

\_\_\_ *Check here to indicate that list is attached.*

6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:

\_\_\_ Acupuncture Board

\_\_\_ Physician Assistant Committee

\_\_\_ Board of Behavioral Sciences

\_\_\_ Physical Therapy Board

\_\_\_ Board of Chiropractic Examiners

\_\_\_ Board of Podiatric Medicine

\_\_\_ Dental Board  
\_\_\_ Dental Hygiene Committee  
\_\_\_ Medical Board  
\_\_\_ Naturopathic Medicine Committee  
\_\_\_ Board of Occupational Therapy  
\_\_\_ Board of Optometry  
\_\_\_ Osteopathic Medical Board  
\_\_\_ Board of Pharmacy

\_\_\_ Board of Psychology  
\_\_\_ Board of Registered Nursing  
\_\_\_ Respiratory Care Board  
\_\_\_ Speech-Language Pathology,  
Audiology & Hearing Aid Dispensers  
Board  
\_\_\_ Veterinary Medical Board  
\_\_\_ Board of Vocational Nursing &  
Psychiatric Technicians

**Note:**

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) to the applicable licensing board/committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, and any attachments, shall be submitted to:

Department of Consumer Affairs  
Attn: Division of Legislative & Policy Review  
1625 North Market Blvd., Suite S-204  
Sacramento, CA 95834

Questions regarding the completion of this form should be directed to:

Department of Consumer Affairs, Division of Legislative & Policy Review  
(916) 574-7800  
lprdivision@dca.ca.gov

I understand the recordkeeping requirements imposed by California Business and Professions Code Section 901 and the applicable sections of Title 16, California Code of Regulations for the agencies listed above to maintain records in either electronic or paper form at both at the sponsored event and for five (5) years in California.

I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**BOARD OF REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8637 | [www.rn.ca.gov](http://www.rn.ca.gov)

**Louise R. Bailey, MEd, RN, Executive Officer**



## **REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A REGISTERED FREE HEALTH CARE EVENT**

In accordance with California Business and Professions Code Section 901, any registered nurse licensed/certified and in good standing in another state, district, or territory in the United States may request authorization from the Board of Registered Nursing ("Board") to participate in a free health care event offered by a local government or a sponsoring entity registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days. The application should be submitted at least sixty (60) days prior to the free health care event.

### **ELIGIBILITY REQUIREMENTS**

To be eligible, the applicant must:

1. Have a current, valid registered nurse license in good standing in another state, district, or territory of the United States.
2. Not have a registered nurse license that is not in good standing in any jurisdiction.
3. Not be a participant in a health care professional diversion program for chemical dependency or mental illness.
4. Have completed a prelicensure registered nursing program whose curriculum is equivalent to that required of California programs.
5. Be clinically competent to provide the registered nursing services he or she will be providing at the sponsored event.
6. Have provided the same or similar nursing services to be provided at the sponsored event within the last three (3) years.
7. Not have already participated in four (4) sponsored events during the twelve (12) month period immediately preceding the current application.
8. Submit a completed application with the non-refundable, non-transferrable fee.

### **APPLICATION INSTRUCTIONS**

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$50.00, made payable to the Board.
- A copy of a valid and current license and/or certificate authorizing the applicant to engage in the practice of registered nursing issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by the jurisdiction in which the applicant holds the license or certificate to practice.
- Furnish either a full set of fingerprints or submit a Live Scan inquiry to establish identity and to permit the Board to conduct a criminal history record check.

The Board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Board, and any additional information requested by the Board has been provided by the applicant and reviewed by the Board, and a determination made to grant authorization.

The Board will process this request and will notify you and the sponsoring entity or local government entity named in this form whether the request is approved or denied within twenty (20) calendar days of receipt. If the Board requires additional or clarifying information, the Board will contact you directly. Written approval or denial of request will be provided directly to you and the sponsoring entity or local government entity. It is the applicant's responsibility to maintain contact with the sponsoring entity or the local government entity.



## PART 2 – NAME AND

## BOARD OF REGISTERED NURSING

**CONTACT INFORMATION**  
PO Box 442100, Sacramento, CA 94244-2100  
P (916) 322-3350 F (916) 574-8637 | [www.rn.ca.gov](http://www.rn.ca.gov)  
**Louise R. Bailey, MEd, RN, Executive Officer**

**APPLICATION FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A  
REGISTERED FREE HEALTH CARE EVENT  
APPLICATION FEE - \$50.00**

1. Applicant Name: \_\_\_\_\_  
First Middle Last

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 3. Applicant's Contact Information:

Address Line 1

Phone

Address Line 2

Alternate Phone

City, State, Zip

E-mail address

4. Applicant's Employer :

Employer's Contact Information:

Address Line 1

Phone

Address Line 2

Facsimile

City, State, Zip

E-mail address (if available)

Job Title

## Clinical Area

Length of employment

## LICENSURE INFORMATION

1. Do you hold a current license, certification, or registration issued by a state, district, or territory of the United States authorizing the unrestricted practice of registered nursing in your jurisdiction(s)?

No      If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes If yes, list every license, certificate, and registration authorizing you to engage in the practice of registered nursing in the following table. If there are not enough boxes to include all the relevant information, please attach an addendum to this form. Please also attach a copy of each of your current licenses.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date	License is in Good Standing	
				Yes	No

2. Have you ever had a license or certification to practice registered nursing revoked, suspended, or subject to other disciplinary action?

\_\_\_ Yes \_\_\_ No

3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?

\_\_\_ Yes \_\_\_ No

4. Have you ever allowed any license or certification to practice registered nursing to cancel or to remain in expired status without renewal?

\_\_\_ Yes \_\_\_ No

5. If you answered "Yes" to any of questions 2-3, please explain (*attach additional page(s) if necessary*): \_\_\_\_\_

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#### SPONSORED EVENT

1. Name and address of local government entity or non-profit or community-based organization (the "sponsoring entity") hosting the free health care event: \_\_\_\_\_

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2. Name of event: \_\_\_\_\_

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3. Date(s) & location(s) of the event: \_\_\_\_\_

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4. Date(s) & location(s) applicant will be performing health care services (if different):

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5. Please specify the health care services you intend to provide: \_\_\_\_\_

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6. Name and phone number of contact person with sponsoring entity or local government entity:

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## ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice registered nursing.
- I will comply with all applicable practice requirements required of registered nurses and all regulations of the Board.
- I am clinically competent to perform the registered nursing services that I will be providing at the event, and have provided the same or similar services to clients within the last three (3) years.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed registered nurse.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity or local government entity listed herein and only on the dates and at the locations listed herein for a period not to exceed ten (10) calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- I understand that practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- I understand that the Board may notify the licensing authority of my home jurisdiction, other states in which I hold a registered nurse license, and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the board deems necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
License Number

### Board Action

**Approved:**\_\_\_\_\_

**Denied:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Reviewer:**\_\_\_\_\_

CALIFORNIA CODES  
BUSINESS AND **PROFESSIONS CODE**  
SECTION 900-901

900. (a) Nothing in this division applies to a health care practitioner licensed in another state or territory of the United States who offers or provides health care for which he or she is licensed, if the health care is provided only during a state of emergency as defined in subdivision (b) of Section 8558 of the Government **Code**, which emergency overwhelms the response capabilities of California health care practitioners and only upon the request of the Director of the Emergency Medical Services Authority.

(b) The director shall be the medical control and shall designate the licensure and specialty health care practitioners required for the specific emergency and shall designate the areas to which they may be deployed.

(c) Health care practitioners shall provide, upon request, a valid copy of a professional license and a photograph identification issued by the state in which the practitioner holds licensure before being deployed by the director.

(d) Health care practitioners deployed pursuant to this chapter shall provide the appropriate California licensing authority with verification of licensure upon request.

(e) Health care practitioners providing health care pursuant to this chapter shall have immunity from liability for services rendered as specified in Section 8659 of the Government **Code**.

(f) For the purposes of this section, "health care practitioner" means any person who engages in acts which are the subject of licensure or regulation under this division or under any initiative act referred to in this division.

(g) For purposes of this section, "director" means the Director of the Emergency Medical Services Authority who shall have the powers specified in Division 2.5 (commencing with Section 1797) of the Health and Safety **Code**.

901. (a) For purposes of this section, the following provisions apply:

(1) "Board" means the applicable healing arts board, under this division or an initiative act referred to in this division, responsible for the licensure or regulation in this state of the respective health care practitioners.

(2) "Health care practitioner" means any person who engages in acts that are subject to licensure or regulation under this division or under any initiative act referred to in this division.

(3) "Sponsored event" means an event, not to exceed 10 calendar days, administered by either a sponsoring entity or a local government, or both, through which health care is provided to the public without compensation to the health care practitioner.

(4) "Sponsoring entity" means a nonprofit organization organized pursuant to Section 501(c)(3) of the Internal Revenue **Code** or a community-based organization.

(5) "Uninsured or underinsured person" means a person who does not

have health care coverage, including private coverage or coverage through a program funded in whole or in part by a governmental entity, or a person who has health care coverage, but the coverage is not adequate to obtain those health care services offered by the health care practitioner under this section.

(b) A health care practitioner licensed or certified in good standing in another state, district, or territory of the United States who offers or provides health care services for which he or she is licensed or certified is exempt from the requirement for licensure if all of the following requirements are met:

(1) Prior to providing those services, he or she:

(A) Obtains authorization from the board to participate in the sponsored event after submitting to the board a copy of his or her valid license or certificate from each state in which he or she holds licensure or certification and a photographic identification issued by one of the states in which he or she holds licensure or certification. The board shall notify the sponsoring entity, within 20 calendar days of receiving a request for authorization, whether that request is approved or denied, provided that, if the board receives a request for authorization less than 20 days prior to the date of the sponsored event, the board shall make reasonable efforts to notify the sponsoring entity whether that request is approved or denied prior to the date of that sponsored event.

(B) Satisfies the following requirements:

(i) The health care practitioner has not committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Section 480 and is in good standing in each state in which he or she holds licensure or certification.

(ii) The health care practitioner has the appropriate education and experience to participate in a sponsored event, as determined by the board.

(iii) The health care practitioner shall agree to comply with all applicable practice requirements set forth in this division and the regulations adopted pursuant to this division.

(C) Submits to the board, on a form prescribed by the board, a request for authorization to practice without a license, and pays a fee, in an amount determined by the board by regulation, which shall be available, upon appropriation, to cover the cost of developing the authorization process and processing the request.

(2) The services are provided under all of the following circumstances:

(A) To uninsured or underinsured persons.

(B) On a short-term voluntary basis, not to exceed a 10-calendar-day period per sponsored event.

(C) In association with a sponsoring entity that complies with subdivision (c).

(D) Without charge to the recipient or to a third party on behalf of the recipient.

(c) The board may deny a health care practitioner authorization to practice without a license if the health care practitioner fails to comply with the requirements of this section or for any act that would be grounds for denial of an application for licensure.

(d) A sponsoring entity seeking to provide, or arrange for the provision of, health care services under this section shall do both of the following:

(1) Register with each applicable board under this division for which an out-of-state health care practitioner is participating in

the sponsored event by completing a registration form that shall include all of the following:

(A) The name of the sponsoring entity.

(B) The name of the principal individual or individuals who are the officers or organizational officials responsible for the operation of the sponsoring entity.

(C) The address, including street, city, ZIP **Code**, and county, of the sponsoring entity's principal office and each individual listed pursuant to subparagraph (B).

(D) The telephone number for the principal office of the sponsoring entity and each individual listed pursuant to subparagraph (B).

(E) Any additional information required by the board.

(2) Provide the information listed in paragraph (1) to the county health department of the county in which the health care services will be provided, along with any additional information that may be required by that department.

(e) The sponsoring entity shall notify the board and the county health department described in paragraph (2) of subdivision (d) in writing of any change to the information required under subdivision (d) within 30 calendar days of the change.

(f) Within 15 calendar days of the provision of health care services pursuant to this section, the sponsoring entity shall file a report with the board and the county health department of the county in which the health care services were provided. This report shall contain the date, place, type, and general description of the care provided, along with a listing of the health care practitioners who participated in providing that care.

(g) The sponsoring entity shall maintain a list of health care practitioners associated with the provision of health care services under this section. The sponsoring entity shall maintain a copy of each health care practitioner's current license or certification and shall require each health care practitioner to attest in writing that his or her license or certificate is not suspended or revoked pursuant to disciplinary proceedings in any jurisdiction. The sponsoring entity shall maintain these records for a period of at least five years following the provision of health care services under this section and shall, upon request, furnish those records to the board or any county health department.

(h) A contract of liability insurance issued, amended, or renewed in this state on or after January 1, 2011, shall not exclude coverage of a health care practitioner or a sponsoring entity that provides, or arranges for the provision of, health care services under this section, provided that the practitioner or entity complies with this section.

(i) Subdivision (b) shall not be construed to authorize a health care practitioner to render care outside the scope of practice authorized by his or her license or certificate or this division.

(j) (1) The board may terminate authorization for a health care practitioner to provide health care services pursuant to this section for failure to comply with this section, any applicable practice requirement set forth in this division, any regulations adopted pursuant to this division, or for any act that would be grounds for discipline if done by a licensee of that board.

(2) The board shall provide both the sponsoring entity and the health care practitioner with a written notice of termination including the basis for that termination. The health care



practitioner may, within 30 days after the date of the receipt of notice of termination, file a written appeal to the board. The appeal shall include any documentation the health care practitioner wishes to present to the board.

(3) A health care practitioner whose authorization to provide health care services pursuant to this section has been terminated shall not provide health care services pursuant to this section unless and until a subsequent request for authorization has been approved by the board. A health care practitioner who provides health care services in violation of this paragraph shall be deemed to be practicing health care in violation of the applicable provisions of this division, and be subject to any applicable administrative, civil, or criminal fines, penalties, and other sanctions provided in this division.

(k) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(l) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Sub-Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 9.6  
**DATE:** September 14, 2011

**ACTION REQUESTED:** Licensing Program Overview and Statistics

**REQUESTED BY:** Catherine Todero, PhD, RN, Chairperson  
Education/Licensing Committee

**BACKGROUND:**

**Program Update**

The Board of Registered Nursing has been processing applications for graduates wanting to take the NCLEX-RN. California schools are able to provide the Board with information for their graduates a minimum of 4 weeks prior to their graduation date. We are still finding that many schools are not submitting documentation until well after graduation. This decreases the chances of an ineligible student from being scheduled for the examination.

From June 16, 2011 to July 14, 2011, 1,059 new applications were received from California graduates and of these applications, 894 were deemed eligible for the examination. For the last 3 months, the Licensing Program received and processed Individual Candidate Rosters as follows: June - 1,810; July - 161 and August - 243.

The Licensing Program is still facing challenges. We have been unable to fill our 3 vacant Key Data Operator (KDO) positions. Most KDOs work outside of the Department of Consumer Affairs (DCA) and with the hiring freeze constraints, we are unable to recruit. We are in the process of upgrading the KDO positions to increase our ability to fill the vacancies.

The Office Services Supervisor II (OSSII) position is also still vacant. The position was advertised and we received less than 5 applications. We did conduct 2 interviews and offered the position to one of the candidates. The candidate accepted another offer which allowed for less commute time. The position has been re-advertised in hopes that there will be more applicants. The OSSII position is vital to maintaining the workflow of the Licensing Support Unit.

**Statistics:**

The Department of Consumer Affairs, in conjunction with the Board, continues to provide statistical reports to the Governor's Office and the State and Consumer Services Agency on a monthly basis for the Licensing and Job Creation Report. This project has been on-gong since January 2010 and the Board has been active participant in meeting the goals of the program to contribute towards California's job growth through expeditious and efficient processing of professional pending examination and licensing applications.

The statistics for the last 2 fiscal years and the first 6 weeks of the current fiscal year are attached. You will note that there is a decrease in the number of applications for examination, endorsement

and repeaters during the last 3 fiscal years. It is believed that the economic slowdown and the Board no longer accepting applications without a United States Social Security Number have lead to this decrease.

**Issues:**

The Licensing Staff is encountering the following issues when evaluating educational documentation from Philippine schools:

- Nursing schools, with established nursing programs, are enrolling students in programs specifically created to assist students in meeting examination and licensure requirements in California. The program allows the student to receive a Bachelor of Science in nursing degree even though these students complete less didactic and clinical practice hours than those students enrolled in the established program. We expect all students to be completing the same course work.
- Students are graduating and receiving a Bachelors Degree in Nursing one month and then having a Clinical Graduation the next month. This leads us to believe that the students have not completed all clinical rotations prior to receiving the Bachelor's degree.
- Schools have set curriculums and courses sequences. We are receiving transcripts where the courses are taken out of sequence. For example; leadership courses are being completed at the beginning of the program, rather than at the end; and courses designed to enhance the student's knowledge of completed nursing courses are being completed prior to the courses they are meant to enhance.

Staff has been finding an increase in questionable licenses and transcripts from Nigeria. In Nigeria each graduate registers with the Ministry of Health and receives a registration and a license. The registration number and the license number should be the same. The documents we are receiving have different numbers. The transcripts are now in a format that mimics US schools. Previously, the transcripts were less sophisticated. We are contacting the Nigerian Ministry of Health to determine if there has been a change in how the schools are presenting a students education.

The International Analysts have experienced difficulties with applicants from a particular school in Armenia. Clarification of the nursing program curriculum has been requested and in most cases receives conflicting information regarding requirements, including State Examination required for the diploma. As a result of our latest inquiry, the Director and Vice-Director of the school have verified that 4 of the applicants in question did not attend the nursing program.

<b>NEXT STEP:</b>	Continue to monitor licensure applications received by the BRN
<b>FISCAL IMPLICATION, IF ANY:</b>	None
<b>PERSON TO CONTACT:</b>	Bobbi Pierce, SSM I (916) 574-7668

**CALIFORNIA BOARD OF REGISTERED NURSING  
LICENSING STATISTICS**

	<b>FISCAL YEAR 2009/10</b>			<b>FISCAL YEAR 2010/11</b>			<b>FISCAL YEAR 2011/12 7-1-11 to 8/17/11</b>		
<b>DESCRIPTIONS</b>	<b>APPS RECEIVED</b>	<b>**APPS PENDING</b>	<b>LICENSES &amp; CERTS ISSUED</b>	<b>APPS RECEIVED</b>	<b>**APPS PENDNG</b>	<b>LICENSES &amp; CERTS ISSUED</b>	<b>APPS RECEIVED</b>	<b>**APPS PENDING</b>	<b>LICENSES &amp; CERTS ISSUED</b>
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEAERS	44,516	7,492	23,357	34,559	5,933	23,150	4,212	6,429	4,642
CLINICAL NURSE SPECIALISTS	240	27	204	200	97	197	61	75	57
NURSE ANESTHETISTS	139	4	124	148	22	145	9	15	12
NURSE MIDWIVES	42	0	38*	44	18	48*	27	12	21
NURSE MIDWIFE FURNISHING NUMBER	37	2	32	23	6	23	8	4	7
NURSE PRACTITIONERS	937	9	854	838	263	917	340	86	374
NURSE PRACTITIONER FURNISHING NUMBER	670	7	598	699	65	751	112	72	96
PSYCH/MENTAL HEALTH LISTING	5	1	4	8	5	6	2	6	0
PUBLIC HEALTH NURSE	2,538	120	2,373	2,679	343	2,712	460	375	471

\*Nurse-Midwife applicants are often educated outside of the United States and must remediate course work prior to certification.

\*\*Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to

**BOARD OF REGISTERED NURSING**  
**Education/Licensing Sub-Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.7**  
**DATE: September 14, 2011**

**ACTION REQUESTED:** NCLEX-RN Pass Rates Update

**REQUESTED BY:** Catherine Todero, PhD, RN, Chairperson  
Education/Licensing Committee

**BACKGROUND:** The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

**NCLEX RESULTS – FIRST TIME CANDIDATES**  
**July 1, 2010 – June 30, 2011\*/\*\***

<b>JURISDICTION</b>	<b>TOTAL TAKING TEST</b>	<b>PERCENT PASSED %</b>
California*	11,283	87.64
United States and Territories	145,613	87.73

**CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES**  
**By Quarters July 1, 2010-June 30, 2011\*/\*\***

<b>7/01/10- 9/30/10</b>		<b>10/01/10- 12/31/10</b>		<b>1/01/11- 3/31/11</b>		<b>4/01/11- 6/30/11</b>		<b>7/01/10- 6/30/11</b>	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
4,423	86.03	994	80.38	3,466	90.22	2,400	89.88	11,283	87.64

*\*Includes(6),(2),(6) & (9) “re-entry” candidates*

*\*\* Passing standard (-0.16 logits) implemented April 1, 2010*

*Note: Quarterly figures revised based on 7/15/11 NCSBN reports*

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1 – June 30), if there is substandard performance (**below 75% pass rate for first time candidates annually**), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

**NEXT STEP:** Continue to monitor results

**FINANCIAL IMPLICATION, IF ANY:** None

**PERSON TO CONTACT:** Katie Daugherty, NEC  
(916) 574-7685

**California Board of Registered Nursing**  
**NCLEX-RN Pass Rates First Time Candidates**  
**Comparison of National US Educated and CA Educated Pass Rates**  
**By Degree Type**

**Academic Year July 1, 2010-June 30, 2011**

<b>Academic Year July 1-June 30</b>	<b>July-Sept #Tested % Pass</b>	<b>Oct-Dec #Tested % Pass</b>	<b>Jan-Mar #Tested % Pass</b>	<b>April-June #Tested %Pass</b>	<b>2010-2011 Cumulative Totals</b>
<b>National US Educated- All degree types *</b>	53,338 (84.8)	12,037 (81.7)	35,222 (89.3)	45,016 (91.4)	145,613 (87.7)
<b>CA Educated- All degree types*</b>	4,423 (86.0)	994 (80.3)	3,466 (90.1)	2,400 (89.8)	11,283 (87.6)
<b>National-Associate Degree rates**</b>	30,237 (84.0)	6,947 (79.9)	20,831 (88.1)	26,174 (90.6)	84,189 (86.7)
<b>CA-Associate Degree rates**</b>	2,888 (86.0)	573 (78.5)	2,382 (89.9)	1,425 (90.0)	7,268 (87.5)
<b>National-BSN+ELM rates***</b>	21,547 (85.8)	4,631 (83.8)	13,557 (91.0)	18,051 (92.6)	57,786 (89.0)
<b>CA-BSN+ELM rates***</b>	1,530 (86.0)	419 (82.8)	1,079 (90.9)	965 (89.7)	3,993 (87.9)

National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

\*\*National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

\*\*\* Historically, ELM programs have been included in the BSN degree category by NCSBN.

Note: This report includes any quarter to quarter corrections NCSBN has made in data.

Source: National Council of State Boards Pass Rate Reports

**California Board of Registered Nursing  
NCLEX-RN Exam Pass Rates  
Annual Rates July 1- June 30  
2006-2011**

<b>NCLEX –RN First Time Internationally Educated Candidates Pass Rates</b>				
<b>Years July 1-June 30</b>	<b>NATIONWIDE</b>		<b>CALIFORNIA</b>	
	<b>TOTAL # of CANDIDATES</b>	<b>PASS RATE %</b>	<b>TOTAL # of CANDIDATES</b>	<b>PASS RATE %</b>
<b>FY 2006/07</b>	31,059	57.2	11,144	47.4
<b>FY 2007/08</b>	32,420	47.8	14,385	42.6
<b>FY 2008/09</b>	26,517	43.7	14,470	40.1
<b>FY 2009/10</b>	18,126	41.8	10,195	37.4
<b>FY 2010/11</b>	11,397	34.7	5,854	28.2
<b>Source:</b> NCSBN Exam Statistics and CA BRN ATS reports				

Key factors accounting for the decline in the number of internationally educated first time exam candidates nationally and in California include changes in the global economy, limitations in the number of available occupational visas (retrogression), and California's 2010 decision to require all applicants for licensure by exam to have a U.S. social security number at the time of application.